

CARE OF CHILDREN
FROM
ONE TO FIVE



Dr. JOHN GIBBENS

FIFTH EDITION



THE CARE OF CHILDREN
FROM
ONE TO FIVE



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THE CARE OF CHILDREN

FROM ONE TO FIVE

by

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FIFTH EDITION

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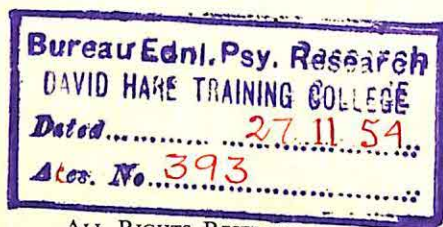
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PREFACE TO THE FIFTH EDITION

THE main plan of this book remains the same, but I have taken the opportunity to revise the text thoroughly. Since bad teeth and tonsils are still extremely common in this country I have dealt with them rather more fully. A new section has been written on asthma, and at the request of several parents I have added a brief section on the religious upbringing of the child.

The main criticism of the previous edition was that much of the advice given—for example, on sun, light, and air, and sleep—was quite impracticable in a modern block of flats. I must admit the force of this argument, but I am at a loss to know how to write in 200 pages a book equally suitable (1) for a well-to-do woman and her baby, (2) for a farmer's wife, (3) for a mother who shares a home with her parents, (4) for a mother who lives in a big block of flats or in an East-End tenement. I can only point out what is best for the child, and leave the parents to do what they can.

In writing this book many years ago and revising it constantly over the last twenty years I have read widely, and I should like to express my indebtedness to many authors, too numerous to mention by name, for the help and guidance I have received from their writings. I should like to thank Mr. A. T. Gore for his permission to publish the weight chart on page 3, which I think is a considerable improvement on the previous weight chart; and to thank many anonymous parents for criticisms and suggestions for this edition.

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CHAPTER I

GROWTH AND DEVELOPMENT

YOUR child has had his first birthday, and now he is no longer a baby. He is entering on early childhood, the all-important formative years of one to five, the years in which the main foundations of his character and temperament and spirit and emotions are laid down. This is a fascinating time of life, when children are most amusing and most interesting, for in the brief span of these few years they recapitulate the history of the human race, the growth of wit and spirit and imagination, the development of the skill and dexterity by which Man has gained his ascendancy over the animal kingdom. Nature is at work at her own deliberate speed, and much of a child's behaviour called "naughty" is nothing more than the outcome of his early struggle to dominate the world, to explore and to enjoy this curious place into which he has been born. A man dropped by parachute into the middle of China or Tibet, knowing nothing of the lie of the land, nothing of the language or customs of the country, nothing of the native food or drink, would face similar problems. He could do little without a stout heart, a spirit of adventure, and friends to help him on his way. These years from one to five are then of supreme importance, a time when parents can make or mar a child by giving or withholding love and security and practical help.

From the outset you must realise that children are not born equal, and if our plans and social schemes are based on equality, be it social equality or equality of opportunity, they are doomed to failure. Some children are born with superb bodies, some inherit minds of great power and imagination. Others are born with defects due to their cramped position in their mother's womb or to the dark influences of heredity, with minds and intellects that can never rise above a dull mediocrity. What is needed then is a cool and accurate appraisal of a child's

capabilities. A goose can never become a swan. But although children are born so dissimilar, they grow and develop in much the same way. They learn to sit before they can stand, to use their hands before they can use their legs and feet, to crawl before they can walk. They mature according to the same general pattern, but there are great individual differences in the rate at which they develop. Nature is no stickler for uniformity. No two children cut their teeth at exactly the same times; and of twins brought up in identical fashion, one may talk early, the other late. Some babies are born weighing 10 lb., others only 6 lb., yet both are normal, though their weekly gains in weight may be very different. Some children will have doubled their birth weight at 5 months, others at 7 months: some walk well at 13 months, others not until 17-18 months. Every child, then, has its own natural rate of growth. Parents are apt to be impatient if their child lags behind another of the same age, to become critical and think their child must be backward; but this is a mistake. As long as you are sure you are giving your child plenty of scope for his activities by putting him on the ground or in a playpen, by allowing him all sorts of things to handle, you can safely leave the rest to him. He will go along happily and unhurriedly at his own pace.

It is wise to have your child weighed regularly every 2-4 weeks during these four years, and to keep a record of his progress; but at the outset I must emphasise that weight is not everything. Other things need to be taken into consideration—the child's general condition, his tone and posture, his colour, the state of his digestion, his activity, freedom from minor illnesses and nervous troubles, happiness, sleep, etc.; for only in this way can you size up a child properly and decide if he is or is not perfectly fit. By itself the weight chart gives you little information, and of course it is perfectly possible to bring up a child in superb general condition without ever weighing him. It is easy to pay too much regard to a child's weight, to be pleased if he has made a big gain and is well above the average, depressed if perhaps there has been little or no gain or if he is somewhat underweight. If you weigh a child often during the second year you will be surprised at the queer fluctuations that may occur, the reason being that weight is largely water, and

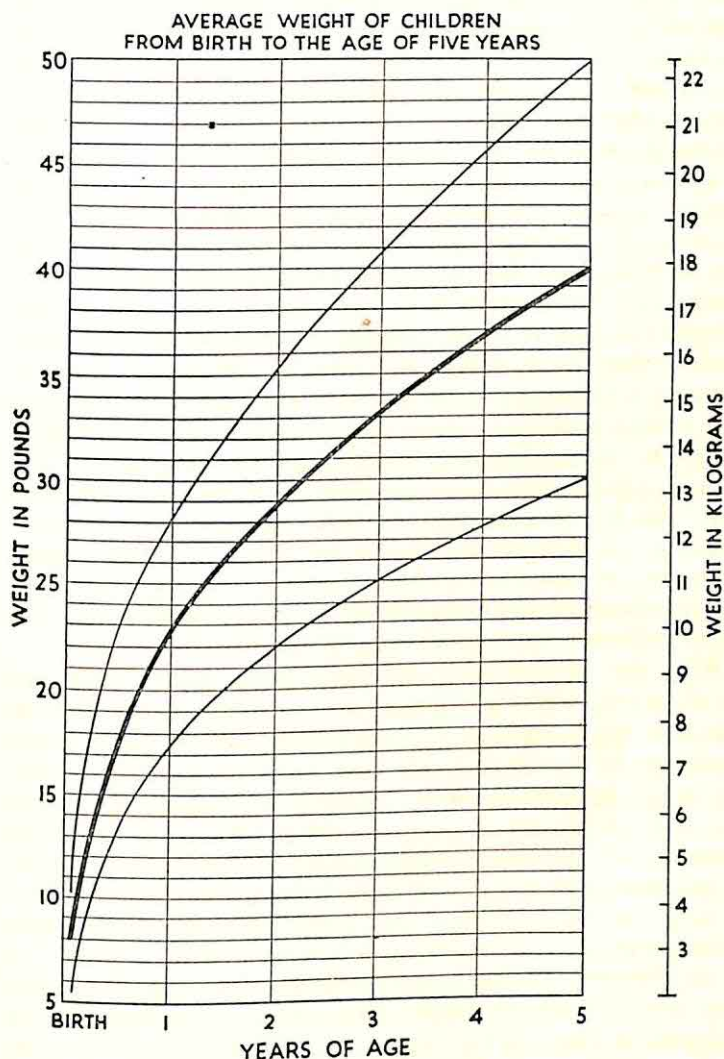


Fig. 1.—Chart showing average weight (thick line) of children with upper and lower limits of normality [compiled from data by Gore & Palmer, *Lancet*, March 5, 1949, page 385].

what you are witnessing are sudden changes in the water content of the tissues. A baby is a juicy little creature—that is the basis of his chubbiness; but by the time he is 4 or 5 years old he has lost his rounded appearance and his dimples and grown taller and slimmer. The water, as it were, has been squeezed out of him. A sudden gain in weight, therefore, is due to a sudden gain in water and is not necessarily a good thing. Almost certainly it is due to changes in his diet, for increase in weight due to growth of muscle and bone and the other structures of the body is a much more gradual process, not given to sudden spurts. Similarly with sudden or gradual losses—they need to be considered against the child's whole background and general physical condition. What you would prefer to happen is that your child should progress surely and steadily along a line approximately parallel to the average (see Fig. 1). If he weighed 8 lb. at birth, i.e., about 1 lb. over the average, you should expect him to continue about 1 lb. heavier; if he was 6 lb. at birth, he should be about 1 lb. lighter. Children are not made in a mould, so do not be surprised if it doesn't quite work out in this way. If however your child is much overweight or underweight, *considering his birth-weight*, you should want to know why. (See Chapter III.)

Most children grow about 3 inches a year between the ages of 1 and 5, but there are great variations, depending on inherited characteristics, the child tending to follow the body build of his parents. There may be as much as 10 inches difference in height between a very small 3-year-old and one unusually large for his age, the child perhaps of very tall parents. Height is not entirely inherited: much depends on first-rate diet and other influences of environment. Children to-day tend to be heavier and taller than their parents and grandparents.

As the child grows in height, he loses the chubbiness that characterised him as a baby. His abdomen becomes flatter, his bottom loses its rolls of fat, his cheeks and chin become more finely drawn. His head, which made up a quarter of his body length at birth, does not grow so rapidly as other parts of the body, but even with the slow rate of growth, it is almost as large at 5 as it will ever be. The fontanelle closes between

the 11th and 18th month. His nose and lower jaws develop, giving him a more grown-up expression: and his neck, short and inconspicuous when he was a baby, becomes long and slender. His arms grow longer, so do his legs, though not at the same rate. A 2-year-old's legs are much shorter in proportion than a 4-year-old's legs and much less strong, so the younger child depends more on his arms than on his legs in climbing. Changes are going on too in the structure of the skeleton. At birth the bones of a baby are soft and flexible: they contain more marrow and less bony tissue. As the child grows older, the bones increase in mineral content and become thicker and stronger. Girls mature more quickly than boys. By the time they are 5 and all set to go to school, girls are almost a year ahead of boys in the development of their skeletons and nervous systems, which accounts for the fact that they so often outstrip boys in learning at this age.

All parts of the body need exercise during early life. Exercise has many virtues. It makes a child's muscles powerful and supple, it quickens the circulation of the blood, it develops the chest and lungs, it aids digestion and appetite. All healthy young creatures have a natural desire for movement. Lassitude, quietness, and a tendency to sit still, which many parents think right and proper, are really a sign that something is wrong, perhaps that the child is sickening for an illness, or that he is mentally or physically exhausted. Between the ages of 2 and 5 a child's energy is well-nigh incredible. He is on the go all the time, running, climbing, jumping, turning head over heels. He is rarely still. He will usually get all the exercise he needs if you put him on the ground and leave him to his own devices, even though you may live in a flat or a small house where space is restricted.

Children do best with vigorous exercise in the open air, but often it is difficult, if not impossible, to arrange for this. Some mothers live in houses without gardens that give directly on to busy streets; others live in second or third floor flats or tenements, and they cannot run their homes properly, look after another baby, and keep an eye on a toddler. Serious and fatal accidents are an everyday occurrence, and it is difficult to know what these unfortunate mothers are to do. There are few big

cities that do not need more parks and gardens, where children can play safely and happily.

There is little sense of balance in early life, so a child is very apt to stumble and trip, especially if he is tired or not quite well. Walking along the edge of pavements, hopping along the cracks in the kerbstones, feeling his way along the top of a wall—these are his ways of learning the difficult art of balance. Walking is not enough for his quick spirits. It is quite common for mothers to expect their children to walk along quietly in the parks and gardens holding on to their hands, but this is wrong. Insist, of course, on the child holding your hand or the pram handle while you are crossing a street, but once in the park let him run to his heart's content. This may involve a good deal of tumbling about, but that is part and parcel of the business of learning. Scolding will do no good. Put him in clothes that don't matter, then if he does fall he isn't ruining good clothes. Freedom is his chief delight. Every child loves summer holidays, for then he can play about on the seashore, wearing very few clothes, unhampered by the eternal "don'ts" of the grownups.

At 1 year the child can usually stand if supported by his hands, though he would sooner be on his hands and knees. A few can stand alone at a year and some even walk a few steps, but that is exceptional. A lean muscular baby is more likely to walk early than a large heavy child. He's not content to be cooped up in his playpen any more: he wants to clamber about the place, he wants to explore, although he's still very wobbly and bumps and tumbles are very frequent. He can scuttle out of his mother's way at a surprising speed, so he'll have to be watched constantly. In spite of this he should have every chance to walk and run, otherwise he'll only grizzle and complain. He can hold a cup and wield a spoon clumsily, though he's happier when he's finger-feeding. He plays about with his toys and takes an absurd delight in picking things up and dropping them or hurling them on to the ground over and over again—a monotonous form of pastime you would think, but that's how he learns to grasp and let go, by constant repetition. He can only say 2-3 words correctly, and for the next few months fresh words come slowly. One word has to

do duty for a whole sentence: "Out" means "Do take me out for a walk". He is a great mimic, copying every word you say, even the intonation of your voice. He is friendly, he likes an audience, he bursts into laughter for the sheer delight in living.

You'll need a great deal of patience with your baby in his second year, and you'll probably wish he was back again in the early cot stage. He wants to touch and taste and feel everything. He has to learn the sizes and shapes of things, that some things are hard and others soft, to know what hurts and what doesn't, to learn if the grownups are pleased or angry with him, to find out what things move and can be pushed about.

Everyday actions need a lot of skill, far more than you would imagine. You pick up a dish and you know its weight: you can run up and down stairs with ease: you can handle a kettle dexterously and pour out a cup of tea exactly up to the brim of a cup. A child can do none of these things. He has to learn by his mistakes. There are bound to be a lot of breakages, and cuts and bangs and bruises.

It is wishful thinking to expect your baby to play happily with others at this age. He's still the complete egoist. He'll watch everything that's going on, and investigate by pushing and pulling and poking, but he is usually quite oblivious of others.

The 2-year-old is more steady on his feet, he can go upstairs now holding on to your hand or to the banisters. He is more skilful with his hands. He can feed himself more neatly, he can wash himself, brush his teeth, and help to undress himself. He will be very slow at first, so you must be patient. You can do things for him very much more quickly, but unless you are in a great hurry, it is wise to let him try for himself. He has to learn sometime. His speech is improving and now he can string two or three words together into short sentences. He goes through a phase of saying "No" to everything, often best countered by smiling and saying "Yes", as if it were a joke. A brief spell of perversity and "natural cussedness" is normal, and if little attention is paid to these outbursts and there is no undue scolding or punishment, this phase passes away quite soon.

He still doesn't get on with other children—he's at the

"It's mine" stage. But then this is part of normal development—he has to learn the meaning of "mine" before he can grasp the meaning of "yours". He's too young for any give-and-take. He defends his toys violently and there are frequent squabbles. He's quick to laugh and quick to cry, a bundle of contradictions, but at this age you can't expect anything different. A child must act his age. The secret of success in handling him lies in accepting this fact, and treating him with a light touch.

At 3 he wants to do everything. "Let me do it" is his constant plea, and although it means a lot of extra trouble it's good to give him his way and let him do odd jobs—help to lay the table, sweep the floor, etc. Probably he won't want to do it for long: his agile mind will soon be darting off in search of something fresh. Much bad temper in early childhood is due to the fact that children are kept babies too long, and not allowed to experiment for themselves.

Words now come pell-mell. He uses a great many verbs and nouns and pronouns, but he gets them all jumbled up in his hurry. He speaks with great animation, he listens to new words and repeats them to himself over and over again till he has got them pat. He likes picture books and nursery rhymes, and he's interested in everything and everybody. He can feed himself now without much spilling, and he thoroughly enjoys his mealtimes.

The 4-year-old is very active. He can run and jump and climb with far more ease, grace, and assurance than the 3-year-old. He can ride a tricycle, he can build a house with bricks; and now he's getting more social, he likes playing with other children. His speech has come on apace, and he's becoming a tremendous chatterbox, hardly keeping quiet for more than a few minutes on end. He can carry on quite a long conversation, and his favourite two words are "Why" and "How". He loves fairy tales and stories about animals and other children, stories that he likes to hear over and over again without the slightest change of detail. He can dress himself and undress himself as long as his clothes are simple and the buttons within reach.

The 5-year-old is sturdy and independent. He is more sure of himself, he can wash and dress and feed himself, and now he

is beginning to prefer the companionship of other children, although he enjoys helping his father and mother with their household jobs. His imagination is vivid, he likes games of "Let's pretend", he likes paints and crayons and modelling wax. He asks a great many questions which need a serious answer in words that suit his years and understanding. He is all set to go to school.

CHAPTER II

THE FEEDING OF YOUNG CHILDREN

IN feeding young children there are a few broad principles that you should keep in mind:—

1. Feed your child on the freshest food you can buy—milk, butter, eggs, cheese, fruits, salads, and vegetables, with small amounts of meat and fish and poultry; and only use tinned, dried or preserved foods when fresh food is not available.
2. Don't spoil food by prolonged storage and poor cooking.
3. Offer your child a wide variety of foods, but keep his diet light, easily digestible, and not too rich in fat.
4. Let eating be a pleasure.

You cannot build a sturdy body out of shoddy materials, so from the earliest days make up your mind to give your child the best food that you can afford. The first five years are the all-important years when the foundations for the child's future health and development are being laid, so it is during these years, when he is growing at a prodigious rate, that he will want the best raw materials that you can give him—first-class proteins, fats, sugars, starches, minerals and vitamins.

First a word on vitamins. Vitamins might almost be defined as the quintessence of freshness. These queer elusive substances are easily destroyed by prolonged storage, by heat, by lack of air and light. As the plant fades and wilts when it is cut down, so does its store of vitamins dwindle and decay. It is for this reason that all food should be given as fresh as possible—fish fresh from the sea, eggs straight out of the nest, salads and vegetables crisp from the garden. According to scientists there is little difference between an egg a few hours old and an egg a week old (which in trade terms goes by the name of "a new-laid egg"), yet anybody with a sense of taste

can tell the difference at once. Similarly with tinned or frozen peas and peas straight from your garden and cooked at once—there is a world of difference, whatever the makers may proclaim on the tin.

All down the centuries Man has been drying his food by natural means during the summer and storing it so as to survive the rigours of winter. Science has improved on ancient methods enormously, so that nowadays a wide range of food is available, canned, bottled, frozen and dried. These are very useful in the winter months when fresh food is scarce. All are said to be equal in food value to fresh foods, but all lose in piquancy, flavour and tang, and in that indefinable quality—freshness. Young creatures are adaptable to all sorts of bad diets. About 150 years ago an experimental scientist called Spallanzani showed that with patience a pigeon could be trained to take a meat diet, an eagle a diet of bread, but no one in their senses would regard these as suitable diets for pigeons and eagles. One of the greatest difficulties in dietetics is just this adaptability—it may take months, even years, before the effects of bad dieting become apparent, and this lulls parents into a false sense of security, into a fond belief that the diet is sound and that doctors are making a great deal of fuss about nothing. Well-fed children are fit and strong—they rarely have to see a doctor; but nowadays subnormality of health—coughs and colds and sore throats, bad teeth, etc.—are so common that we have come to take them for granted, and we struggle to make two minuses into a plus by decking out a defective diet with tonics, vitamins, “health foods”, and so forth. None of this would be necessary if only we fed children from their earliest days on a light diet composed of a wide variety of fresh foods.

There is a second reason why you should give only the freshest of food. The reports of medical officers of health of any big city show that huge amounts of food are condemned every year as unfit for human consumption. In one city of 310,000 inhabitants no less than 620 *tons* of food were condemned in 1951 as totally unsound. And that is not all, for almost certainly one could add many more tons of food that were beginning to go bad, for 200 cases of acute dysentery

were notified during the year, apart from cases of food poisoning and gastro-enteritis. Bad food then is a common source of danger.

Milk

During the first year of life milk is the most important item in a baby's diet. It is a good source of protein and vitamin A, it provides the rich supplies of calcium needed for the structure of bone and tooth. But as the child gets older he comes to take a wider variety of foods, and then milk, though still a good food, becomes of less importance, for the child now gets his calcium from vegetables and salads, his protein from meat and fish and poultry.

How much milk should he take? It varies a good deal. Most children are having quite enough milk if they take a pint a day—a cupful with their breakfast, another at teatime, and the remainder with their cereal, or in the shape of milk puddings, milk jellies, blancmange and the like. Many do better on $\frac{3}{4}$ pint or even $\frac{1}{2}$ pint a day, while a few do not thrive until milk is cut down almost to vanishing point and fruit juices given instead. There is no point in plying children with milk, especially when they have an active dislike for it. There are plenty of other foods you can give instead. Certainly it is not an essential food, and certainly there are some children who do badly on it, even when given in reasonable quantities. Mid-morning milk may be taken well, but sometimes it destroys the appetite for lunch, and then it is best replaced by fruit juice and biscuits.

What sort of milk should you give? If you are living in London or one of the big industrial cities you will find that most of the milk is pasteurised, while if you live in the country, milk very likely will be sold raw. In either case the rule is clear: *Buy the best milk you can for your child and always boil it.* It takes only a few minutes to boil milk and the disadvantages are trivial. Boiling alters the taste a little, but children who have never tasted anything but boiled milk do not mind in the least. Boiling also destroys vitamin C, but this does not matter as long as children take fruits and fruit juices from time to time. The advantages are enormous: boiling makes milk more

digestible and it makes milk absolutely safe, as long as it is kept in a clean jug, covered up, after being boiled. Far too many children fall ill every year with tuberculosis of the glands of the neck, tuberculosis of bone and joint and spine from drinking unboiled milk; and far too many children have died in epidemics of typhoid, scarlet fever, and septic tonsillitis that have been traced directly to raw milk.

Two questions are often asked: (1) Why should I boil pasteurised milk if pasteurisation makes milk safe to drink? The answer is that though pasteurised milk in London and other great cities may be safe,* you may go to the country where the milk is raw and anything but safe. It will only lead to confusion if you are asked to boil some sorts of milk and not others. It is better to be on the safe side and boil the lot. (2) At what age should I give up boiling milk? Certainly not before your child is 5, the age limit of children under consideration in this book.

Butter

Fresh butter is an excellent food, a very valuable source of warmth and energy, but margarine is made from vegetable fats and is far inferior to butter. Vitamins are absent from most brands of margarine, so manufacturers nowadays fortify their wares with small amounts of concentrated vitamins. If for economy's sake it is essential to buy margarine for household use, see that your child gets at least $\frac{1}{4}$ lb. of butter every week.

Cheese

Cheese is a good food in that it condenses into small volume almost all the basic elements of milk. The home-made soft cream cheeses and cottage cheeses are best and they can be given spread on biscuits or in sandwiches. Other sorts of cheese should be given grated in soups, on vegetables, or with fish pie or cottage pie. Cauliflower *au gratin* makes a good dish for dinner.

Eggs

Fresh eggs are excellent, a rich source of protein and fat

* No epidemic has yet been traced to properly pasteurised milk.

and iron and vitamin A, and they can be given in many ways—raw, whisked up in milk or added to soups, boiled, poached, scrambled, or in the form of omelettes or souffles. Dried and preserved eggs should only be used when new-laid eggs are scarce. Most children can take 3–4 eggs a week with nothing but benefit; but a few react to even small amounts of egg with indigestion and vomiting.

Fruits

Fresh fruits—plums, peaches, apricots, strawberries, raspberries, melons, etc.—are all excellent for young children, if given ripe and in season and not in excess. They should be peeled and the pips and stones removed. Berries with many seeds—red, white or black currants, for example—and fruits with tough skins such as gooseberries are best given in the form of a fool. Hard fruits such as apples should be given baked or stewed rather than raw when they are too indigestible for many children. Pears can be soft and delicious, they can also be hard and woody and quite unfit to eat. Oranges, tangerines and grapefruit are best squeezed and given as juice.

Stewed fruits—plums, damsons, blackberries, etc.—are very good for children, and given sieved or well mashed up with junket or custard make an excellent second course. Stewed rhubarb, as long as it is well cooked, suits most children past the age of one. Cooked dried fruits—apricots, prunes—are a useful standby in winter as long as they are soaked in cold water for 24 hours before being cooked. Dates and figs and raisins are too full of pips and skins. Bananas are excellent when mashed up thoroughly, but they may easily cause indigestion if swallowed in big chunks. Tinned and bottled fruits—peaches and pears, but *not* pineapple, which is too tough and fibrous—may also be given when fresh fruit is dear or scarce.

All fruit juices are good for children and can be given in summer drinks, home-made lemonade being perhaps the best of all. Many commercial “fruit juices” contain little or no fruit juice, many contain preservatives, so they are not to be recommended.

Vegetables

All vegetables, provided they are properly cooked, are excellent for children, with the exception of mushrooms, celery and radishes. Give them all as they come into season.

Green vegetables—Cabbage, Brussels sprouts, curly kale, broccoli, spinach, turnip tops.

Root vegetables —Potatoes, carrots, turnips, onions, parsnips, artichokes, swedes, beetroot.

Peas, broad beans, runner beans, marrow, asparagus.

Dried vegetables such as lentils and haricot beans should only be given in the winter months when fresh vegetables are scarce.

There are now on the market excellent mincing machines—a good one is the Universal Mincing Machine—with which it is easy to prepare *raw* vegetables in a finely shredded or sliced form. Young raw vegetables are good for children, and though too little given in England, are in regular use all over the Continent. Many of the vegetables above, if young and tender, can be given in this way. They taste delicious, none of the flavour or food value of the vegetable is lost, young children are fond of them and usually have no difficulty in digesting them. Small amounts of raw vegetables are very good for children who suffer from constipation. You must of course start them in *small* quantities and be guided by results: for some children with weak digestions may not be able to tolerate them without intestinal upsets.

Should you give canned vegetables? Certainly they are very useful, and if canned in accordance with modern safe methods they have often more nutritive value than fresh vegetables as prepared in many English kitchens. But they are expensive, and though convenient they tempt mothers to give less and less fresh food. One tin leads to another. It is certainly better to give fresh vegetables and salads throughout the winter as far as possible, and to fall back upon canned vegetables (home-canned or commercially canned) only in an emergency.

Dried peas, beans and lentils are good sources of protein and minerals, and are quite suitable for young children. They

need to be soaked thoroughly in cold water before being cooked. Put through a sieve they make an excellent purée for thick soups.

Salads are extremely useful foods, a rich source of the mineral salts needed for the formation of good teeth and bone and blood; and yet though so good for children they enter far too little into their diet, especially among the poorer classes. Few realise that salads can be given all the year round. Most people seem to think that a salad is something for the summer, a pleasant blend of lettuce, tomato and cucumber: that when summer has gone, good-bye to salads. Yet you can buy lettuce, cress, watercress, corn-salad (lamb's lettuce), endive, parsley, mint, tarragon, cloves, shallots, and young onions practically throughout the winter: or better still, you can grow them in your own garden. So from an early age accustom your child to the taste of raw salads. Start with thin sandwiches made with chopped lettuce, chopped parsley, egg and cress, or Marmite and watercress. Later on give small tender pieces of lettuce, thin slices of peeled tomato (the small pips do not matter), and grated raw carrot. When the child is a little older you can start thin cucumber sandwiches and small amounts of spring onion or chopped chives. Radishes as a rule are too tough and indigestible.

Broths and Soups

These are extremely useful for young children, especially in winter time. They should be made from any vegetables that are in season, together with a brown or white stock. All soups are greatly improved in nutritive value by the addition of a raw egg, milk, or grated cheese. Don't spend a lot of time simmering down bones to make a bone and vegetable broth: your child can have the soup the rest of the family will be taking—mutton broth, Irish stew, carrot soup, celery soup, etc. Soups made from soup cubes have little or no nourishment in them, and tinned soups are expensive, though useful in an emergency.

Fish

Fresh fish straight from the sea is extremely good for young

children. It is an excellent source of protein, it is full of vitamins. The lighter sorts with bones easy to remove—sole, dab and plaice—are perhaps best at first, given as fillets steamed in milk between two plates or fried in egg and breadcrumbs. The coarser sorts—hake, cod—are best steamed or boiled, then well pounded up and given as kedgeree, fish cakes or fish pie. Steamed soft roes on toast are well taken by young children, as also are sardines (with the backbone removed). Dried haddock, halibut, turbot, whiting and salmon may be given, as may fresh herrings if carefully boned. Tinned salmon and tinned pilchards are poor stuff; while the dried fish that you buy at many fried fish shops (“rock salmon” fried in cheap vegetable oils) is mentioned only to be condemned—it is usually very indigestible and bears no resemblance whatsoever, except in name, to fillets of fish fried in egg and breadcrumbs. Shell fish—lobsters, crabs, shrimps, prawns, scallops, cockles, mussels—are to be avoided: they are not suitable for youngsters.

Meat and Poultry

Any sort of lean meat or poultry can be given to young children. Beef, lamb, mutton, ham, tongue are all excellent. Even pork can be given if it is lean and well cooked. Many mothers have a prejudice against giving cold meat. There is no justification for this: cold ham or tongue, cold lamb or beef can all be given quite well in small quantities, well cut up, to a child past the age of two. Liver is especially rich in minerals and vitamins, and may well be given once a week: there is no need to buy the expensive calves’ liver—the other forms of liver are just as high in nutritive value. Sweetbreads, tripe and kidneys make a tasty dish now and then: they are good for young children and they are usually well liked. Bacon is excellent if crisply fried, not too fat, and not given too often.

Whenever it is available, fresh meat should be bought in preference to chilled or frozen meat. Grilling, steaming, roasting or baking in a casserole are the best ways of cooking, for in these methods little food value is lost.

Small helpings of chicken and turkey—roast, boiled or casseroled—make an excellent dish, but duck and goose are

indigestible. Game is usually served "high", i.e., when it is becoming putrid, as this is thought to improve the taste. In this condition it is no fit food for young children, but there cannot be the slightest objection to a little off the breast of roast pheasant, shot and eaten the same day. Rabbit, boiled or given in the form of rabbit pie or rabbit stew, is a very good standby and children usually love it.

Bread and Cakes, Cereals and Puddings

Bread and cereals made from whole grain are important sources of minerals and vitamins. It is as well to accustom your child to all sorts of bread—brown, white and whole-meal—and to ring the changes on these rather than to persist with white bread day after day. New bread and buns which are soft and doughy inside are apt to be swallowed without chewing, and then are indigestible: biscuits, cream crackers and crisp toast are better. Small pieces of shortbread, sponge fingers and Madeira cake are welcome at teatime. You can give hot rolls and creascent, griddle cakes, Scotch oatcakes occasionally to children past the age of 3 or 3½: but pancakes, muffins and crumpets, especially if swimming in butter, require a lot of digesting and are more than most children can manage. Home made pastry, as long as it is light and airy, is well taken: suet pastry, doughnuts, heavy buns and fruit cakes are best avoided.

Well-cooked oatmeal porridge makes an excellent breakfast dish, especially in winter, and most of the packeted breakfast cereals are well liked by children, especially in hot weather, given with milk, sugar and fruit. A few are too coarse and gritty for children with weak digestions, a few so light and fluffy that a bowlful weighs very little and is not enough for a growing child.

Many sorts of puddings can be given to young children—suet pudding, steamed puddings, milk puddings. The essential point is that they should be cooked so as to be light and tasty. Suitable recipes will be found in many first rate cookery books.

All these starchy foods are good for children if given in moderation. Owing to their cheapness and ease of preparation there is a tendency for them to crowd out other more important

elements of diet—fats and proteins, fruit and vegetables. This is a mistake. Your child needs a wide variety of foods if he is to obtain all the raw materials needed for full and perfect growth.

Sweet Foods

Most children are perfectly happy with plain food. Plain Madeira cake, sponge fingers, plain biscuits, sandwiches made with honey, Marmite or egg and cress—these are the sort of things a child *prefers* for his tea. If you go to a children's party you will often see a child refuse the special cream cakes and chocolate biscuits in favour of plain nursery food. There is no need to sweeten his milk with sugar, to add syrup or treacle every time he has a milk pudding, to give cakes with icing sugar. A certain amount of sugar may be wanted in the cooking perhaps, but most children will take their meals quite plain.

This is not to despise sugar—it is a very good food for children, especially for children who need fattening up; but if dishes that are over-sweet are given regularly, the child may develop a sweet tooth, and then important foods such as salads and vegetables are almost sure to be crowded out of his diet. Honey, jam, treacle, syrup, sweets and chocolate—all are excellent, but give them in moderation. “A *little* of what you fancy does you good.”

Glucose and malt are first cousins to sugar and are useful for the thin, restless children who digest fat with difficulty, and who need to put on weight.

The Right Amount of Food to Give

Most mothers are pleased and proud if their children are hearty eaters, distressed and unhappy if they are small eaters, slim and muscular and active; yet if they would only watch both kinds of children over the first five years of their lives they could not fail to be impressed by one curious fact—that the slim and wiry have far fewer illnesses than the fat and overweight. Of course the slim and wiry child falls ill occasionally, and sometimes a fat child does exceptionally well; but if you see many children in hospitals and infant welfare centres you cannot help noting the surprising fact that many of the

sick and ailing children are fat and flabby, and that if you ask for the past histories of some of the thin and underweight, a mother will say: "But I can't understand it. Before she fell ill she was so lovely and fat." To put it briefly, the heavy eaters have come to grief.

Many consider that obesity is inherited—the child is fat like his father or mother, who in their day were also fat babies; but if you note down in detail what a fat child eats there is no doubt that he is overfed. There is no doubt too that by a suitable restriction of his diet he will lose weight, however fat his father and mother may be or have been.

Diet for a Healthy Child of 1 to 2 Years

On Waking

The juice of a fresh orange, sweetened with a little sugar if necessary. If not available, a little bottled orange juice, blackcurrant juice or rose-hip syrup with water.

Breakfast (8 to 8.30 a.m.)

One heaped tablespoon of Farex or Scott's Baby Cereal mixed with 2 oz. of boiled milk and a little sugar; or the same amount, i.e., 2-3 tablespoons, of any of the other breakfast cereals or porridge.

Followed by a single round of white or brown bread, or toast, with a little butter and honey, jam, or Marmite.

4-6 oz. of unsweetened boiled milk from a cup or small glass.

Every other day the raw yolk of an egg may be added to the porridge, or the child can have a lightly boiled or scrambled egg as a second course. Occasionally 2-3 tablespoons of stewed fruit, or fishcakes, or a small rasher of bacon and fried bread may be given instead of porridge or cereal.

Dinner (12.30 to 1 p.m.)

2-3 tablespoons of mashed vegetables—carrots, turnips, peas, beans, potatoes, sprouts, cauliflower, etc.—with 1 tablespoon of fish, meat or poultry, cut up into tiny pieces.

Followed by 1-2 tablespoons of fresh fruit (mashed banana, ripe peaches, plums, greengages, etc.) or stewed fruit (baked apples, prunes, etc.) with 1 tablespoon of custard, junket, yoghurt, or semolina. Occasionally 1-2 tablespoons of a lightly made suet pudding or a steamed pudding. A drink of water, or fruit juice and water.

Tea (4.30 to 5.30 p.m.)

2 thin rounds of brown or white bread, with a little butter and jam, honey, lemon curd, or Marmite, made into tiny sandwiches

about as big as a 2d. stamp, so that the child can finger-feed. A round of toast and dripping, cut into small fingers, makes a useful change.

A few plain biscuits, shortbread, sponge fingers, or chocolate biscuits. Occasionally 2-3 tablespoons of fresh or stewed fruit.

4-6 oz. of unsweetened boiled milk to drink.

Added Vitamins

$\frac{1}{2}$ to 1 teaspoon of codliver oil or concentrated codliver oil, or 6-10 drops of halibut liver oil, should be given to children of 1-5 except in the very hottest weather. This can be given neat, or mixed with a little blackcurrant juice or rose-hip syrup, or stirred into porridge. The better the diet, the less the necessity for any added vitamins.

Diet for a Healthy Child of 2 to 3 Years

On Waking

As for a child of 1-2 years.

Breakfast (8 to 8.30 a.m.)

2 level tablespoons of Farex or Scott's Baby Cereal mixed with 3 oz. of boiled milk, sweetened to taste; or the same amount, i.e., 4-5 tablespoons, of any of the breakfast cereals or porridge.

Followed by a round or two of white or brown bread, or toast, with a little butter and honey, jam, or Marmite.

4-6 oz. of unsweetened boiled milk from a cup or small glass.

Raw yolk of egg added to porridge every other day, or a lightly boiled or scrambled egg. Occasionally 3-4 tablespoons of stewed fruit or fishcakes, or a small rasher of bacon and fried bread *instead* of porridge or cereal.

Dinner (12.30 to 1 p.m.)

3-4 tablespoons of mashed vegetables, as before, with 2 tablespoons of meat, fish, or poultry, cut up into tiny pieces.

Followed by 2-3 tablespoons of fresh or stewed fruit with 1 tablespoon of custard, junket or milk pudding.

A drink of water, or fruit juice and water.

Tea (5 to 5.30 p.m.)

As for a child of 1-2 years.

6 to 6.30 p.m.

Bath and bed and nothing to eat afterwards.

Added Vitamins

As for a child of 1-2 years.

Diet for a Healthy Child of 3 to 5 Years

This should be as for a child of 2-3 years (see above) but about half as much again of everything. Children at this age are having a more active open-air life, so their diet can be increased considerably as long as they remain firm and muscular, with good tone and posture, free from illness. If they show signs of obesity, allow them more exercise and restrict their daily food a little. There are considerable differences in the natural appetites of young children, and not all children thrive on the same sort of food. Quality and quantity will need adjustment to suit the individual child. There is less necessity now to cut up food so finely. As far as possible the family meals should be arranged with an eye to the child, but he is not a miniature adult and he still needs careful feeding. A supper is not wanted until the age of 9 or 10, except possibly in the summer when a child may have a lot of open-air exercise after tea, and come home hungry again. If a supper is given, it should be quite light.

Comments on the Diets Given on the Previous Pages

On Waking

1. Do not give milk on waking, for it tends to destroy a child's natural appetite for breakfast. This early drink is not essential: many children can wait till breakfast.

Breakfast

1. It is as well to measure out a helping of food once, to get some idea of the right amount to give, but afterwards you can gauge the amounts by eye pretty accurately.
2. Usually it is a mistake to give a child a large helping of porridge or cereal followed by an egg or bacon and fried bread, and then toast and butter and marmalade. Children do much better on a small first course, followed by a single small round of toast and butter and honey. Indeed, plenty of children are satisfied with 2-3 tablespoons of porridge or breakfast cereal followed by 4-6 oz. of boiled milk and nothing else. Their general condition remains good, their health perfect, their gain in weight satisfactory. Big breakfasts are usually a mistake unless the child is at the seaside or in the country, living a very active open-air life.

Dinner

1. Dinner should be the best meal of the day.
2. A child chews mostly with his back teeth and these are not cut until the age of 2½, so until then food is still best given well mashed up, otherwise the child is apt to swallow it in large indigestible lumps—a common cause of chronic intestinal indigestion. Raw apple is often passed in the motions obviously quite undigested, so baked or stewed apples are better. Biscuits, rusks and crusts will provide exercise for the jaws.
3. Avoid vegetables which when cooked seem to be tough and stringy—cabbage, broad beans, runner beans, celery, etc. Much fibrous

material grates the delicate lining of a child's stomach and intestine.

4. Any fish can be given as long as it is fresh and easily freed from bones, the cheaper fish and the expensive having almost exactly the same food value. Soft roes are excellent.
5. Milk puddings should *not* be given every day. Rice pudding, tapioca, sago, semolina, farola, etc., are all useful dishes as a change, but none contain any vitamins. Children do far better on fresh or stewed fruits as a second course, with small amounts of custard. Many mothers when told that their fat podges of children are eating far too many milk puddings will answer: "But they do love it so." But clearly you should give children the food that is good for them, not what they ask for; otherwise you might have to bring up a child on ice cream and chocolate éclairs.

Tea

1. It is best to keep tea still a light meal, so that the child goes to bed with his tea well digested. A heavy meal late in the afternoon is a common cause of insomnia.
2. 5.30 p.m. is a good hour for tea, especially in the summer, and this is followed an hour later by bath and bed. As long as the child has 12 unbroken hours of sleep at night, it does not matter if he sleeps from 6 p.m. to 6 a.m. or 7 p.m. to 7 a.m.

Some mothers give bread and butter, sandwiches and biscuits at 4.30 p.m. and after bathing the child at 5.30 p.m. they give him his milk when he is in bed. It is best, however, to give everything at teatime and nothing to drink afterwards, for then the child has a chance after he has been bathed at 6-6.30 p.m. of passing water and getting rid of some of the fluid he has taken at teatime. Training the child to be dry by night is much easier that way.

3. Nothing should be given after tea, not even sweets. No child should go to bed with a full stomach.

Prejudices

You are sure to hear mothers say that you can't give a child this or that food, but if you have travelled widely all over the world you cannot help observing that children will flourish on almost anything as long as it is fresh, cooked until tender, and begun with discretion. For example, some will say that a child can't eat leeks or onions, though leeks baked in a casserole and covered with slices of egg and a cheese sauce make a superb dish for lunch, and onion soup is a standard dish for children on the Continent. Occasionally, it is true, a child is upset by one particular food—rhubarb, for instance, may in rare cases give rise to oxalate crystals and mild bleeding from the kidneys—but these cases are few and far between and they do not affect the general rule. So bring up your child to take everything that is good without fads and fancies, and have no fear. Man would never have survived had he been too fussy about food.

Good Cooking

Many young children have poor appetites because too little trouble is taken with the cooking and serving up of food in an appetising way. Cooking is not difficult. Anyone can do it with the help of one or two simple cookery books. Cooking does not require years of practice—it is merely a question of following instructions carefully and using one's wits. I have no hesitation in recommending as the best, simplest and cheapest book for the beginner, *The A.B.C. of Cookery*, published by the Ministry of Food and obtainable from H.M. Stationery Office, or through any bookseller. This is first-rate. It is not just a book of recipes. It aims at telling you the basic rules of cooking. Once having mastered these, you can go on to the many excellent cookery books there are on the market, *e.g.* See *How to Cook*, by Louise Davies (Ward, Lock & Co.)

This is not to deny that constitution and heredity play a part, that some children are heavily made, some lightly; but the fact remains—the fat are fat because they are overfed and under-exercised (see Chapter III)—and this unpalatable truth goes for adults too.

Overfeeding and underfeeding produce their worst results in the first 3 years of life when the amount of food taken by the child is determined by his mother, when he is too young to be allowed unrestricted exercise. Later when he is free to eat just what he wants, free to exercise himself to the full, mistake in overfeeding and underfeeding are less likely and less disastrous. Nearly all mothers expect a child to eat much more as he grows older, but if you watch your own child carefully you will see that at $2\frac{1}{2}$, if left to himself, he may eat very little more than he did at $1\frac{1}{2}$, and still remain as fine a child as you could wish to see.

Appetite depends on many things. It improves with happiness, with an out-of-door life, with plenty of exercise, with bracing mountain or seaside air, with cold weather, with well-being; it decreases with unhappiness, a stuffy indoor life, with under-exercising and over-pramming, with the dead enervating air of many of our big cities and factory towns, with hot weather, with illness. Due allowance must be made for these variations in appetite—you must not expect a child's natural appetite, which should govern what he eats, to be always the

same. Can a child's appetite always be trusted? Not always. Some children are greedy little pigs, and like puppies they will stuff themselves almost to bursting point; but usually, if left to himself, a child will eat just about what he needs, and often this is surprisingly small.

Management at Meal Times

When you travel abroad you have to get used to many strange dishes, to odd piquant flavours and curious-looking novelties, and many English people sigh for their old familiar favourites, for eggs and bacon, for roast beef and Yorkshire pudding. Young children are very much the same—they like best the foods that they know best, so make a point of starting with small quantities when you give any unfamiliar food for the first time, and see that it looks and tastes delicious. If the child takes it well—he probably will if you don't make a fuss—give him a slightly larger helping of it in a few days' time, and keep on steadily with it till the child recognises it as an old friend. It is a good plan to serve something new with an old favourite, then the transition is not too abrupt.

Many children refuse food because it is badly cooked and badly served up. They are very sensible in their hatred of boiled cabbage and rice pudding as cooked in many English homes. Both taste horrid, though both can be delicious. Some women have a natural flair for cooking, some have not: but a great deal can be done by buying a good recipe book and following it carefully, or by having a few cooking lessons. Children like dishes to look interesting. A great dollop of rice pudding on a plate, and a child's appetite may be daunted: yet if a little rice pudding is put into a small gaily-coloured bowl with some fruit juice, he may take it readily.

Between the ages of 1 and 3 a child is not very good with his hands. Wielding a spoon is a complex process, which demands skilful fingers and a nice sense of balance. He needs time to develop dexterity, so in the meanwhile he is bound to be messy. The food that he somehow manages to get on to his spoon doesn't all find its way into his mouth—some goes on to his face, some on his bib, some on the floor. Half of the time he will be holding the spoon upside down. You will need

to buy him a spoon and fork that he can wield easily, also a dish or a bowl of his own, and a small unbreakable cup, and perhaps a squat tumbler, not too easy to tip over. Children appreciate gay things, so choose a dish and cup with bright colours.

Don't bother too much about table manners until he's good with his hands and can feed himself neatly and easily. Until then he's certain to pick up titbits with his fingers and pop them into his mouth. Bread and butter and toast should be cut into strips, so that he can pick them up easily. He will dawdle along until you itch to feed him yourself, but be patient, let him get on with his meal as best he may, and only lend him a helping hand when he is flagging.

Children, like grownups, have their preferences. One will eat heartily into his carrots, another turn up his nose at them. These differences should be respected. If he pushes a dish away, don't bother him. Take it away without comment and try him with it again a few days later. He may be tired or excited or developing a cold: he may be cutting a tooth, or jealous about the arrival of another baby. He may dislike food that is too hot, he may jib at things that are sticky or stringy, for he can't swallow them easily. It takes very little to make him pernickety about food. Say nothing about it. Just take it away casually and next time he will probably take it perfectly well, especially if you offer it to him early on in the meal when he's ravenously hungry.

A young child takes his cue from the grownups, and if he sees his father refusing vegetables or hears his mother saying how much she hates rice pudding, he will be quick to follow suit. Never say "you must eat it because it's good for you": that is a sure way to put him off. Take it for granted that he'll like everything and he probably will.

CHAPTER III

FEEDING ERRORS AND DIFFICULTIES

The Child Who Won't Eat

FIRST put yourself in the child's place and ask yourself how *you* would like to be treated. Would *you* like food thrust upon you when you were feeling off-colour, lonely, tired or dispirited? Would *you* like pointed comments made in front of strangers on your naughtiness as compared with someone else's angelic behaviour? Would *you* like to be forced to sit and eat dull tasteless things like overcooked cabbage? Of course you would not. Many children are treated with scant courtesy.

But some children can be the very devil; it isn't right to lay all the blame at the mother's door. It is maddening to cook a really nice dinner for a child only to have him turn up his nose at it, to see a child eat one or two mouthfuls and then push his plate away irritably, to watch him playing about with his meal and letting everything go cold. And nowadays when mothers have to do so much in the homes, with so little outside help, it is not surprising that they lose their tempers and begin to scold. This is what you should do:—

1. Make sure first of all that the child is well. Sudden refusal of food is often the first sign that he is ill, perhaps sickening for measles or tonsillitis. If he looks hot and flushed, take his temperature. If it is up, put him to bed and give him nothing but fluids for 24 hours.
2. See that he is having enough sleep and rest. Quite often a child is put to bed so late that he is too tired to eat, or maybe he is missing his midday nap and not getting enough rest in the 24 hours. Children between 1 and 5 should be in bed by 6 to 7.30 p.m. and should then sleep the clock round. In addition, they need $\frac{1}{2}$ –1 hours' sleep and rest during the day—

in other words 13 hours rest and sleep out of the 24 hours. Sometimes a small child has run himself to a standstill and is too tired to eat his midday meal at 1 o'clock. Changing his midday nap from 1.30 to 12 o'clock may put things right—he will eat when he's thoroughly rested.

3. Offer him *small* amounts of food at first, food that smells and tastes good, nicely served up. It isn't so much what you give as the way you give it. If it looks good and smells delicious, his mouth will water, and that's half the battle. If he refuses food, don't bribe, don't threaten, and don't fuss: and above all, don't force him to eat it, or you will make every meal a battle of wills, a battle that you'll probably lose. Keep your head. Let him see that you think it's rather stupid of him to refuse such an excellent dinner, but that you really don't mind. If he doesn't want it, it's quite all right: he can wait quietly till the next meal. If he dawdles and plays about and hasn't eaten his dinner in a reasonable time he may want a little help with his spoon and pusher. If not, take his plate away without comment and let him run away and play. Don't keep him sitting in his chair until he does eat his dinner up—that will only end in tears. If he refuses a first course which he dislikes, although perfectly tasty and wholesome, don't let him go on to a second course, which he likes, or he'll soon become a food faddist and a little tyrant. Every course should end with an empty plate, so don't let him leave half his dinner round the edge. It is much better to give a little less next time, so that he gets into the habit of finishing off a course to the last teaspoon. Don't attempt to make up for an unfinished dinner by giving him extra food for tea. Remember the old saying: "Hunger is the best sauce."
4. Let your child have peace and quiet immediately before and during meals, for fear, anger and over-excitement upset digestion. Let him get on with his food quietly by himself and only help him when he's getting tired

of his amateurish efforts with spoon and pusher. If there are visitors, don't let him show off in front of them. Pay little or no attention to him, and don't let them interrupt his steady feeding. If they do, it's best to give him his meal quietly in another room.

5. Don't give sweets, biscuits, buns, cakes and snacks between meals. This is important for the healthy child, and doubly so for one that won't eat. Grandmothers have a habit of plying a child with hot milk and biscuits at 11 a.m.—a sure way to ruin appetite. Don't give milk, milk puddings, cod liver oil, patent foods or medicines in the hope of improving appetite.
6. Sometimes a child will lose his appetite because he is worried and indignant at the arrival of a new baby. His only way to stake his claim is to arouse consternation in the household by refusing to eat—that always gets the grownups. Once you recognise the cause, the cure is easy. Show him that he comes first, that you love him as much as ever. Get him interested in the new baby, giving a hand with the baby's bath and playing with him, and he'll soon forget his jealousy.
7. Never say in front of your child what a bad eater he is: he may take a melancholy pride in it. You will sometimes hear a child say "I never eat fish, do I, Mummy?" thoroughly enjoying the sensation he's made. Food fads are often copied from the grownups, so don't allow your own prejudices to influence the child. Nearly all can be abolished by tact and persuasion, by your own example. Take the attitude that he's been rather silly to refuse what his father and mother enjoy, but really you don't mind. Ridicule is bad, and so is the unpleasant habit of holding up another child as a paragon. "He always eats *his* fish, darling"—what could be more infuriating to a normal child than that?
8. "Begin as you mean to go on" is a good motto when dealing with young children, so bring up your child from the very first to eat nicely at table. Don't let

him throw his food on the ground, spill his milk, and make a mess of everything. A sharp command is not out of place, but don't let this slip into constant nagging and scolding. A child makes many mistakes simply because he's fumble-fisted.

9. Many obstinate food-refusers improve at once when they are sent to a nursery school, for there they have meals with a group of children of their own age, and they soon start to eat well when they see healthy appetites around them. Many improve with a short holiday.

The Underweight Child: Malnutrition

Mothers have learnt to weigh babies regularly but not all realise that it is just as important to weigh toddlers. If they do not grow and gain weight properly, something is probably wrong, and steps should be taken to put matters right without delay. Malnutrition is not an acute disease. It comes insidiously like a thief in the night, and it is all the more dangerous since it is so often missed and neglected; but unless it is discovered early and treated promptly, it may lay the foundations for prolonged ill-health in adult life and a feeble resistance to disease. Some children will grow up weak, undersized and underweight, not strong enough to do the average daily work of a man or woman; others may drift into a serious disease such as tuberculosis.

How are you to recognise it? Children with malnutrition are not only well below the normal weight for their age (making due allowance, of course, for their weight at birth and their parents' height and weight), but they gain more slowly than they should. Between the ages of 2 and 5, when they should be gaining 4-4½ lb. a year, they gain only 1-2 lb. or none at all. They tire easily, their appetites are finicky, their sleep restless and disturbed. Some are dull, listless and pale, with dark shadows under the eyes; others nervous and fretful, hard to please and hard to manage. Posture and tone are bad, muscles lax and weak, and resistance to disease so feeble that the child is no sooner over one infection than he is starting another. Ulcers in the mouth, troubles with the gums and

teeth, and repeated boils and skin infections usually point to long-standing malnutrition, and this is true too of young animals, a fact well recognised by farmers, vets., cattle traders and horse dealers.

What are the causes of malnutrition? First there are well-recognised diseases and congenital defects that are really for the doctor to diagnose and treat, such conditions for example, as:—

1. Congenital defects of the heart, kidneys, or gastrointestinal tract.
2. Chronic intestinal indigestion, often associated with threadworms.
3. Enlarged tonsils and adenoids, giving rise to repeated throat and ear infections.
4. Chronic infections, such as tuberculosis of bone or joint, or tuberculosis of the lung.
5. Allergic diseases such as asthma and eczema, which wear the child out from irritation and lack of sleep.
6. Illnesses causing repeated vomiting such as bilious attacks, whooping cough, or long-continued diarrhoea.
7. Anæmia, which in children recently back home from the tropics may be due to malaria or hookworms.
8. Diabetes.

Obviously then, if your child is badly underweight your first duty is to take him to a doctor for a thorough general overhaul. If the doctor is not satisfied, he can arrange for a second opinion either privately or at the nearest hospital where they have a good children's department. But in many cases, in spite of a thorough medical examination, no signs of disease can be found apart from the wasting—the root of the trouble lies not in disease but in diet and general management. If you think over a day in your child's life from the moment he wakes to the moment he goes to sleep it is usually not difficult to arrive at the right answer. The child may be thin and underweight because:—

1. He does not get enough food.
2. He does not get the right sort of food. Essential foods

needed for growth such as milk, butter, fruits, salads, vegetables, are crowded out of his diet by bread and margarine, cakes, buns, biscuits, and other sweet and starchy foods.

3. His meals are irregular. He has frequent snacks between meals instead of a good meal three times a day.
4. He bolts his food, or doesn't chew it properly because his teeth are decayed, broken or defective.
5. Mealtimes are not quiet and enjoyable—he gets too much emotional excitement, too much nagging because he is slow, too much coaxing and bribing to eat.
6. He is unhappy and ill at ease in his surroundings.
7. He doesn't get enough sleep at night, and his midday nap has been given up too early.
8. His stomach is overtaxed by too much food and too little exercise, so that he cannot digest and assimilate the food offered him.

The cure depends on the cause of the trouble. A month or two in the country is usually best for those who are seriously underweight, but that is not enough. Once your child is home again, you must be careful to have him weighed and measured regularly, to see that in future you don't make the same mistakes.

At this point it might be as well to mention three groups of children who never quite conform to their proper weight curve in spite of freedom from disease, a good diet and first-rate care:—

(a) Many premature babies go through the first 5 years of life undersized and underweight, but happy, contented creatures, with good tone and posture, never ailing. (See the weight chart in Chapter I.)

(b) It is a common experience to find a first-born child habitually underweight, yet fit and active and intelligent and showing no signs of disease; while a second child is a far better specimen in every way, often weighing more than the first child although 1-1½ years younger. This state of affairs is also

found in the animal kingdom, and the explanation is simple—the mother's womb has been immature at her first attempt at childbearing. The factory, as it were, is not yet in full production, and the first article turned out has not been quite up to standard.

(c) Some children born of active, intelligent parents remain thin in spite of all efforts to fatten them. Just as a car running all out on second gear rapidly uses up its petrol, so these children with their restless, overactive constitutions burn up their food in their exertions, leaving little or nothing for storage in the fat depots of the body.

The Overweight and Overfed Child

Many babies reach the age of 1 considerably overweight, with rolls of superfluous fat all over the body, lazy, inactive, slow to fend for themselves. If you watch the progress of these heavy children during the next few years you cannot fail to be impressed by the frequency with which they fall ill. Stuffed with sugars and starches and fats far in excess of what their digestive powers can deal with, their bodies tend to break down under the strain. There is undoubtedly a constitutional factor in the obesity of such young creatures, a factor beyond the wit of man to change, for some children are made like cart-horses, some like race-horses, and no amount of alteration in diet will turn one into the other; but if your child is gaining weight at an alarming rate and his weight curve is far from parallel to the curves shown on p. 3, it is, in my opinion, extremely important to see that his diet is not excessive, to let him eat three simple meals a day with nothing in between, to cut down on such fattening things as sugar, sweets, chocolates, ice-cream, to be sure that he gets plenty of exercise in which to burn up the fuel presented to him. Every child like every grown-up has his weak spot, one structure of the body that tends to give way under stress, so all fat overweight children do not react to overfeeding in the same way. In one case the liver will break down, in another the skin, in a third the nervous system. But more important than these tissue breakdowns is the fact that excessive food, especially excessive starchy and sugary food, causes a breakdown in immunity,

often associated with enlargement of the tonsils and adenoids. It is worthy of note that this same loss of immunity, this enlargement of what doctors call "the lymphatic structures" (tonsils, adenoids, glands, spleen, etc.) can be produced experimentally in animals by gross overfeeding with starches and sugars.

By overfeeding, one means giving a child more food than his digestion can comfortably deal with. This amount varies considerably with climate and season of the year and with exercise. For example, it is well known that seaside air stimulates the appetite and enhances a child's power to digest and absorb food, so that he can take a very large diet when he is on a summer holiday with nothing but benefit. On the other hand, if a child of 2 or 3 lives in London or a big industrial city and is hopelessly over-prammed, his natural demands for food are very much less—he doesn't take enough exercise to burn up all the food given him, and so even a reasonable diet may be too much for him. He is relatively overfed because he is grossly underexercised. Diet then must not be considered alone—it must be taken together with the other details of the child's daily life.

Children who are fat and overweight may present themselves with many things:—

1. Orthopædic defects, the commonest of which are knock knees with treading over on the inside of the ankles. The muscles are not powerful enough to sustain heavy weight—something has to give way, usually the knees.
2. Gastro-intestinal and liver breakdowns. Sometimes there is a history of repeated attacks of vomiting with the passage of pale motions (acidosis, bilious attacks); sometimes there are frequent bouts of diarrhœa, of "colitis", of vague recurrent abdominal pains, of short bouts of unexplained fever.
3. Breakdowns affecting the skin. There may be circular patches rather like ringworm, or the whole skin may feel rough like sandpaper, or there may be small ulcers over the buttocks and inner sides of the thighs due to ammonia. Infantile eczema, a disease in which

heredity plays a considerable part, is often found in fat, overweight children, and is difficult to cure until diet and exercise and the passage of time have combined to make the skin less thin, rough and watery. Some of these children have a chilblain circulation, some a history of repeated boils and styes.

4. Nervous troubles—irritability, nervousness, insomnia, screaming fits, bad behaviour, pouching of food, refusal of food, etc.—due very largely to longstanding indigestion. Many of these nervous symptoms are attributed to poor discipline, yet great improvement, if not cure, will often be brought about by giving the child a lighter, more varied diet. Sometimes the diet has been so excessive and lop-sided that the child has a frank convulsion.
5. Breakdowns in immunity—tonsillitis, ear disease, bronchitis, croup, etc. Fat, overweight children usually show a very poor resistance to infections, which are often severe and accompanied by high fever. Many drift into what has been called “the catarrhal state.” The child never seems to be free from nasal catarrh. As one mother put it: “My child has a nose that drips and drips like a fountain.” The tonsils are usually large, pale and boggy, the glands on one or both sides of the neck enlarged. Cough is harsh and persistent and very resistant to treatment, so resistant that some children are thought to be suffering from tuberculosis and referred to hospital for X-ray examination of the lungs, which proves to be negative. Pallor is the rule, but some children have vivid scarlet cheeks quite unlike the apple blossom pink of perfect health.

Do not suppose that all fat children suffer from the troubles listed above, or that these troubles only affect the overweight; but watching children steadily over the first 5 years of life will convince you of two things:—

1. That children who are fed on a light varied diet with plenty of exercise and good general care, children whose weight curves are roughly parallel to the average

and conforming to their birth weight, have far fewer illnesses than the fat and overweight. Their bones and muscles remain firm, their colour good, their tonsils flat and healthy, and if they fall ill, the illness is brief and goes its way without complications.

2. That if steps are taken to correct the diet of these fat, overweight children and to remedy the mistakes in their general management, the hands of the clock can be put back—the child loses his persistent nasal catarrh, he ceases to have liver upsets or skin rashes, he does not fall ill so readily. This does not always happen. If the tonsils are large and soft and uninfectcd, they may subside; but if they have become scarred and pitted by frequent infections they will never revert to normal, and then removal is the only possible treatment, and this should be followed by a month's convalescence and a restricted diet. If steps are not taken to correct the faulty diet, removal of the tonsils and adenoids will do little good—indeed, a mother will say that her child is not better but worse for the operation, that the catarrhal symptoms are still going on, that no matter what she does he still seems to be ailing all the time.

A light varied diet is then very important. Mistakes arise in several ways:—

(a) The child is given all he asks for. He is said to have an excellent appetite—"he eats everything that we do"—his mother will say proudly, as if this was necessarily a good thing. After all, puppies if left to themselves will eat until they are almost bursting, and young children are not very different. Some are very greedy. A small boy will start off with a large breakfast, then at 11 a.m. he is given milk and biscuits, followed by a big dinner at midday. At 4.30 or 5 p.m. he is given his tea, followed by a large glass of milk and biscuits, or a bowl of bread and milk, when in bed. In some families where the father comes home early to a meal at 6.30 p.m. the child may even be allowed to sit up and eat this as well. In addition to all this (but often forgotten or not

mentioned) are sweets and chocolates, the occasional bun or biscuit, the fruit off the dresser. On the whole, appetite is a reasonable guide to a child's needs, but it is not infallible, as you will have observed when you see a fat man guzzling and gorging himself with huge quantities of food. Sometimes you will hear the phrase "eating to keep up his strength"; but clearly food in excess of what a child (or man) can digest cannot make him strong—there is a limit to what the body can deal with comfortably. Anything in excess just runs to fat: it does *not* make for muscle, bone and blood.

(b) A second error is to give a child far too much in the way of sugary and starchy foods—bread, jam, sugar, sweets, cakes, buns, porridge, milk puddings, etc., to the exclusion of fresh foods such as milk, butter, cheese, eggs, fish, fruits, salads, and vegetables. There are several reasons for this:—

1. They are cheap and easy to prepare, two important points for a busy woman with a large family. But in the long run this is false economy, and sooner or later the child will certainly suffer.
2. Modern advertising is constantly dinning into the public the value of this or that tinned, dried or preserved food. Mothers see these advertisements every day in their morning and evening papers, in buses, trams and tubes, on every hoarding, and they can hardly be blamed if they come to think that their children really need such foods.
3. Most grown-ups of the poorer classes live largely on these foods themselves, and since their growing days are over ill effects are less obvious. They see nothing wrong in taking these foods themselves, so they imagine they must be good for their children. "He eats everything we have, he has a wonderful appetite," a mother will say with pride, but that does not mean to say that tinned salmon, bread and margarine and strong tea are good for children.
4. These cheap starchy foods satisfy a child's appetite and often make him put on a lot of weight, to the mother's delight.

Starchy foods are good when given in moderation, but in excess they tend to crowd out other more important foods—fresh fruits, salads, vegetables, meat, fish and eggs.

(c) Due allowance is not made for exercise, climate and season of the year. An active, energetic life, a stimulating climate, the cold snap of an autumn day call for an all-round increase in a child's diet; a sedentary life, a life spent overmuch in a hot stuffy kitchen or in a pram, hot weather, a relaxing climate call for an all-round restriction of food.

The Treatment of Overweight Children

Both quantity and quality of food suitable for toddlers have already been described in some detail in Chapter II. Give the child a light breakfast, dinner and tea with nothing in between, not even sweets and chocolates, and even if he asks for more keep him firmly to what you know is for his good. If he has had too much to eat for several months, he may have developed a distended stomach and the amount you give him will not make it nicely full, so he may complain at first. But after a time the over-distended stomach shrinks down to more normal proportions and then what you give him will satisfy him.

See that he gets plenty of exercise and remember that a pram is little more than a bed on wheels—it may be a convenience but it does little good to the toddler. If it is a choice between plenty of exercise indoors with the windows wide open, or being pushed in the pram out of doors, choose the former. It is far better that a child should be on his legs from dawn to dusk, with a brief hour for a midday nap. A seaside or country holiday may work wonders.

Overweight children with knock knees may need wedged shoes for months, if not years; others may need removal of tonsils and adenoids. Some are greatly improved by the regular use of small doses of rhubarb and soda, others by thyroid extract. But all this is for your doctor to decide.

Overfed children are not always overweight. A few keep to reasonable proportions, a few even are thin, and will only gain

weight—contrary to what you might expect—when their diet is cut down to sensible proportions.

Indigestion

Many children suffer from indigestion, and it is seldom difficult to discover the cause if an accurate history is written down of what the child eats, together with those forgotten items—the things he eats between meals (sweets, chocolates, cakes, apples, etc.). A careful watch also should be kept on his motions, so it is best for the child to use a chamber and not to go to the lavatory.

Some stolid children have digestions like an ostrich; others, tall and thin and gifted with good brains rather than strong bodies, have always to be careful what they eat—it takes very little to upset them. The symptoms may be limited to the gastro-intestinal tract—nausea, vomiting, bad breath, a distended windy abdomen, or perhaps unhealthy pale motions with excess of mucus. At other times the symptoms suggest nervous instability—insomnia, night terrors, fretfulness, persistent yawning and tiredness—and it may be difficult to decide which came first, the indigestion or the nervous instability; for both undoubtedly react on each other. Occasionally there are odd symptoms such as sudden attacks of pallor lasting a few moments, shortness of breath after meals, often coupled with a chilblain circulation, with hands and feet persistently cold and blue. The child with indigestion may look pale and apathetic, with none of the natural crease lines round his eyes and mouth that suggest laughter. He is “all eyes”. Often underweight, he stands badly because his muscle tone is poor, he looks wan, tired and dispirited, unnaturally quiet, quite unlike the healthy toddler who cannot keep still for a second. But don't imagine that all children with indigestion look like this. On the contrary, some look reasonably fit, while others are quite fat. It is the mother's story that suggests the right diagnosis, and this is clinched by the child's steady improvement when he has been placed on a sensible diet for a week or two.

Excess of starchy food is a common cause of trouble, excess of such things as bread, buns, cakes, porridge, potatoes,

sweets, chocolates, etc. Sometimes excess of fat is to blame. The child is plied with too much milk (especially Jersey milk), milk puddings, butter, cream, cheese, eggs, codliver oil and fried foods such as bacon and fried bread. A mother will tell you that her child has a poor appetite and doesn't eat up his meals, but anyway she has made up for that by giving him plenty of extra milk to drink. This is a great mistake. Few children need more than a pint of milk a day. Many do better on $\frac{3}{4}$ or $\frac{1}{2}$ pint, while some thrive only when milk is cut down to vanishing point. Milk is a good all-round food, but it does not suit all children, and it is not essential. Grandmothers from the best of motives have a habit of concentrating on "good nourishing milk puddings and codliver oil" when their grandchildren come to visit them, and are surprised and hurt when the poor creatures go down with a bilious attack or diarrhœa. Too many eggs may give rise to trouble, or too much bacon and fried bread at breakfast.

Sometimes food is given poorly cooked, not mashed up enough, so that the child bolts down his food in large indigestible lumps—food such as tough pieces of meat, chunks of cheese, raw apple, banana or tomato skins. A glance at the motions or what a child has vomited will often show what has caused the upset. Chewing is done with the back molars, not with the front teeth, so a child cannot be expected to chew properly until his back teeth are through, and this does not happen until the age of $2\frac{1}{2}$. So from the age of 1 till 3, food is best given well mashed up in the form of a purée, with no pips and skins or indigestible fibrous stuff. Baked apple or apple sauce are better than raw apple; grated cheese is more appropriate than lumps of cheese; while things such as celery, stringy beans, figs, currants, raisins, sultanas are best avoided. Orange juice is often better than an orange for children with delicate digestions.

Care with the child's diet is not enough. There must also be proper care of the teeth and good management and reasonable clothes and exercise if he is to do well and grow up to be a credit to you.

"Tell me what illnesses your child has had during the first five years of his life, and I will tell you if you know how to

feed a child." This was the teaching of one of the greatest children's specialists many years ago, and it still holds true to-day. Three things lie at the root of the diseases of childhood—the child's constitution, his nutrition, and infection. The first you are powerless to alter. Some children are born tall and slim, others short and stocky; some are born strong and sturdy, with excellent digestions, others thin and delicate, with digestions that are easily upset; some show great promise in early life, others are slow starters and do better only when they have matured a little; some are born imaginative and emotional, others prosaic and stolid. Children are born decidedly *unequal* in body and mind, so it is very important that you should size up your child and recognise him for what he is, with no false illusions, yet without underrating him; for every child, like every plant and animal, needs individual care if he is to be brought to the pitch of perfection.

But with nutrition it is quite different. Here you have it in your power to make or mar a child. You can wreck his whole future with bad feeding during his first few years of life, you can so feed him and care for him that he goes through his early years with nothing worse than an occasional cold or one of the childish complaints such as measles or chicken pox.

If a child has a good constitution and his nutrition is perfect, infections do not occur; or if they do occur, they are fleet and trivial, disappearing rapidly with no trace of trouble left behind. Serious infections rarely happen to children whose nutrition is perfect—this is the all-important point. Health comes from within. If a child is well fed, his resistance to illness is kept at a high level and he does not fall ill unless he is unlucky enough to be faced with an overwhelming infection; while if he is poorly fed and poorly managed, his immunity is slowly sapped until he reaches a stage when he falls an easy prey to infection.

CHAPTER IV

CLOTHES

CLOTHES should be warm and light, easy to put on and take off, simple to wash and iron. They should allow for complete freedom of movement; they should be inexpensive, so that it doesn't matter much if the child falls and gets covered with mud; they should not look very different from the clothes other children are wearing; they should give a child pleasure. These are the main principles to be borne in mind.

First a word about warmth. The main purpose of clothes is to keep a child warm. In hot sunny countries such as India children run about almost stark naked—during most of the year they need no clothes whatever; whilst at the other end of the scale, in the extremes of cold of a Russian winter, mothers must clothe their babies in fur coats and caps and long warm boots. In the temperate climate of the British Isles you have to strike a happy mean, and dress your child sensibly in clothes that will keep him nicely warm both summer and winter—that and no more.

Don't be guided over much by the season: go rather by the day. A warm spell in spring or halcyon days in winter, and you can dress your child in very little, and he will frisk and frolic away, glad to be able to stretch his limbs: a cold snap in summer, and your child may need winter clothes. "Ne'er cast a clout till May is out" is thoroughly bad advice to mothers with young children. Seize every scrap of fine weather to clothe your child lightly and let him run free. This applies of course to the robust and hardy child. A long and leggy boy, delicate and underweight, maybe recovering from an illness, may need extra warmth until he has filled out and fully recovered. A year old baby sitting in a pram needs warmer clothing than a 3-year-old who is running about everywhere, but if he is well clad there is no reason why the pram hood should ever be put up except in rainy weather.

Clothes should be light, for if they are not, the child cannot play freely in them and he will tire rapidly. Warm air lies imprisoned in the meshes of clothing, so several light layers are better than one heavy one. The skin must breathe in winter, it must sweat in summer, so it needs soft airy material next to it. Thick and heavy clothes stifle the skin and make a child feel stuffy; and if he runs in them, he will break out into a cold sweat, and it only needs a draught then to lower his resistance so that he falls an easy prey to infections such as coughs and colds.

Clothes should be easy to put on and take off, so that a child may enjoy dressing and undressing himself. A small boy will be trying to do things for himself by the time he is $2\frac{1}{2}$. Perhaps he can take off all his clothes, though he can't do much yet to put them on again. He may be able to struggle into a shirt, though quite likely it will be back to front, but he can't manage buttons—he's too clumsy. But by the time he is 3 years old he has become more nimble with his fingers, and buttons are less of a problem. He'll want help with dressing, but he can manage undressing all by himself. All this encourages his sense of independence.

Clothes should be simple to wash and iron, they should be inexpensive, and they should allow for extra width and length, for a child grows out of clothes with alarming rapidity. It is best to make your own decisions, for the shops are not always right in the size of the clothes they recommend for a certain age. You may find for instance that your child of $2\frac{1}{2}$ can easily wear clothes that the shops think suitable for a child of 4. If you had bought the clothes they recommend, your child would have been out of them in a month or two.

Children should enjoy the clothes they are going to wear, and there is no reason why they should not be taught "clothes-sense" from early on in childhood, for they are quick to appreciate clothes that are clean and neat and tidy and in good repair. If you bring them up in a slovenly fashion, they will take that to be natural and never look their best. A child doesn't want to appear conspicuous, he doesn't want to wear something very different from his playmates in case he gets chaffed. He doesn't like clothing that obviously belonged to

an older brother. He likes to look right, but he doesn't want clothes that spoil easily, that prevent him from joining in any rough-and-tumble, that make him into an unhappy looker-on.

Hats and Caps

Young children need hats and caps only in very cold weather. Sunlight and fresh air playing about their heads do nothing but good, and it is only when the weather is raw and blustering and winds are cold that some sort of windbreak is wanted. Knitted woolly caps are sensible, so are berets and tam-o'-shanters and the little round fur caps with earflaps that pull down well over the ears and do up under the chin. Small boys look well in cloth caps made of the same material as their overcoats, while a mackintosh sou'wester makes a handy rig in rainy weather.

No hats or caps are wanted in summer. If the sun beats down strongly at the seaside and there is much glare off the sea, a shady linen hat or a sunbonnet may be welcome. But children's eyes are very strong: they never seem to need dark glasses as a grownup might, and it is unusual for them to complain of painful eyes because of strong sunlight.

Many mothers insist on hats in the summer because of their fear of sunstroke. Now the dangers of sunstroke in England are remote. Children will play happily in brilliant sunshine with bare heads and come to no harm if they are lightly dressed and having plenty of cool drinks. A child wearing a bathing costume or beach romper is rarely stricken by the sun. Certainly if he is playing about on the beach all day he will sometimes become sick and feverish of an evening, but this has nothing to do with sunstroke. Three things are usually responsible:—(1) Overstimulation of the skin by excessive exposure to sunlight; (2) the lack of a midday nap; and (3) not enough to drink. During the mid-hours of a hot summer's day all Nature seems to sleep—cattle lie drowsily chewing the cud in the shade of trees, birds do not sing nor fishes bite, colts and fillies and lambs cease to frisk about, and the spirits of young children flag; yet all revive briskly as soon as the heat of the day is dying down. Take your cue then from Nature—see that your child doesn't miss his midday nap, let him lie down

for an hour in a cool place, and he'll be as lively as a cricket by teatime.

Shoes

For children shoes are better than boots, since they allow freer play for the feet. They should be made of soft leather, with soles that are not too thick or rigid, and they should follow the natural shape of the feet. They should fit snugly at the heel, and there should be plenty of space in front so that the toes are not crowded— $\frac{1}{2}$ inch longer and $\frac{1}{4}$ inch wider than the outlines of the child's foot drawn on paper while he is standing. Whether the shoes are fastened with laces or with straps makes little difference as long as they are fastened comfortably tight so that the foot cannot move about inside the shoe. If the laces or straps are too slack, every time the foot goes forwards the big toe will be stubbed against the fore-part of the shoe and the other toes be compressed, and this will soon deform the foot. For regular use leather shoes are best. Canvas "Gym" shoes and rubber "sneakers" should be kept for occasional wear only.

A child usually outgrows his shoes in less than six months, so if your child has a pair that has not worn out in that time, you should check them carefully to make sure that they are not too small for him. Don't have them soled and heeled unless they are roomy enough. Many children's feet are ruined by badly fitting shoes, so it is very bad economy to go on using shoes once they are outgrown.

Sandals are excellent for summer, and some sort of slippers will be wanted for indoor wear. Rubber Wellingtons are very handy, but they should be worn only when there is snow or heavy rain; they are not wanted on crisp, frosty mornings. Shoes and Wellingtons will last longer if you take reasonable care of them. When wet, take them off at once and put them on a window ledge to dry: never dry them on a stove or the front of the fire. Regular cleaning and oiling will prolong their life and keep them neat and tidy. It is worth while taking extra trouble with shoes, for they will be one of your main expenses in the first few years, when the child is growing rapidly.

Socks and Stockings

Socks and stockings should fit the foot snugly and be large enough for free toe action. When they are washed, they should be at least $\frac{1}{2}$ inch longer than the child's foot: if they are shorter than this, they will compress his toes and give trouble. Don't let them be used once they are outgrown: that is false economy.

Underclothes

Underclothes are best made of some light cellular material—cotton, silk and cotton, silk and wool. They should always be large enough to allow for full freedom of movement. In most weathers a small boy wants a vest and short pants made of some light, airy stuff such as Aertex, Celotex, Deimel, etc., or combinations of the same material. For most of the year this is quite enough: only in really cold weather should you change to wool. There is no need for long vests and pants in winter, if the child's arms and legs are kept comfortably warm by a jersey or cardigan and woollen stockings up to the knee.

Small girls usually wear a vest, made of cotton, silk and wool or some cellular material, such as Aertex, or combinations. A second loose pair of knickers made of the same material as the frock or skirt (cotton in summer, serge or wool in winter) is worn over the top.

Clothes

Boys—Most small boys look well in a jersey and short trousers,* or in a shirt and shorts, together with a pullover. A grey flannel suit—jacket and shorts—with a proper flannel shirt and tie wear well and look neat and boyish at all times, if you can afford them. With these a boy needs knee-length woollen stockings in winter and a pair of stout shoes. A white or coloured shirt, open at the neck, with short sleeves and a pair of white flannel shorts make an excellent summer rig-out, and a small boy is usually very proud of a leather belt round his waist. With this they can wear either sandals, or short socks with gym shoes. You can buy stronger suits for boys, made of

*I have known several small girls enjoy wearing this rig. It looks simple and charming, it gives them freedom to run and climb and play about like a tomboy, on an equal footing with boys and girls alike.

cloth or serge. Trousers made of corduroy are hard-wearing. Flannel or serge trousers should have detachable and boilable linings. I must confess to a horror of velvet and velveteen suits, of sailor suits made of dark serge or white drill, of knitted woollen suits, of silk blouses and long trousers cut in Kate Greenaway style for party wear. I like to see a boy look like a boy and not like a dressed-up doll. He must like what he is wearing. He must not feel embarrassed and awkward in his clothes, he must be free to enjoy himself. There is no sense in buying expensive things, clothes that spoil and have no life, but need everlasting cleaning and pressing every time they are used.

Curls are all very well for a young baby, but when a small boy is one year old he should have his hair cut properly like a boy. Long hair will only get in his eyes and this may lead to frequent blinking. Small girls should have their hair kept back well from the eyes. Never use metal hairclips in your child's hair, for they may easily be swallowed; and though it is true that most of them pass naturally, occasionally they stick in the small intestine and that means an abdominal operation which is both difficult and dangerous. Ribbons and bows are much safer.

A further small point: sometimes a small boy is alarmed at having his hair cut for the first time, so it is a good plan to let him watch you having your own hair done once or twice before his turn is due.

If a small boy is going out to play in a wet, muddy garden and he's likely to get muddy, it's a good plan to have a miniature boiler suit made of blue or brown dungaree to slip on over his clothes. If he falls and makes a mess of himself, no harm is done—you can always pop the boiler suit into the wash tub. For a very young boy at the seaside, liable to totter and sit down unexpectedly while he's paddling about, mackintosh rompers are excellent.

In summer time at the seaside a small boy can go stripped to the waist wearing nothing but a sunsuit and sandals. No vest and pants are necessary, as long as what he wears next to the skin can be washed properly. The less clothes the better, if he is as brown as a berry and shows no signs of peeling.

A slip-on sweater or cardigan is useful for the times when the sun goes down and the air gets chilly.

Girls—Over her underclothes a little girl usually wears in summer a short cotton or linen frock—nothing else is wanted. In winter she wears a petticoat attached to a bodice, and over that a skirt with a blouse or jumper.

Some mothers disapprove of sunbathing for small girls since they think it tends to coarsen the skin. This is not true: if a small girl runs about just like a boy in a sunsuit, her skin will become brown, smooth and satiny. A thin vest, a short cotton frock with a pair of knickers of the same material, are all that a small girl wants in summer, or just a sunsuit and sandals if it is very hot, and she wants to potter in the garden.

A word as to party frocks. No small girl likes dowdy clothes but for picnics and parties she should be dressed in clothes in which she can enjoy herself. To my mind to dress a small girl in frilly clothes, in things that crumple and spoil easily, is a mistake—she will have to sit still while others are romping about. If you think for a moment you'll admit that you do it not for your child's happiness but because you like to hear people say "Doesn't she look lovely?" Frocks are good for special occasions, for children love a little finery, they like dressing up and they look completely charming, but never let a frock stand in the way of a child's enjoyment. For a tiny girl a simple frock on the lines of a Russian smock with short puffed sleeves is charming and practical.

A warm overcoat of serge or cloth is wanted in the winter together with a scarf or a woollen muffler if it is very cold, and gloves made of wool or leather lined with fur. Most children are very proud of fur gauntlets. A macintosh or a sou'wester and oilskins are very useful in rainy weather.

In the winter many children play about indoors heavily overclothed and go short of air because windows are kept shut. Except for fog and heavy rain keep your windows open, and have extra jumpers and pullovers or light weight cardigans to slip over a frock if rooms get cold and floors chilly. Knee length woollen stockings will be wanted: it is not sensible to muffle up the top half of a small girl and leave practically the whole of her legs bare, cold and blue.

Rompers and crawlers are very useful, made loose so as not to hinder play. They should be made of gay material, to develop the child's growing sense of pattern and colour, and they should be washable.

Young children, both boys and girls, play about in sunsuits in hot summery weather. These should take the form of a tiny pair of shorts made of linen or some cellular stuff such as Aertex, with criss-cross shoulder straps. Wool is too hot and stuffy a material, and it may irritate the skin and make it spotty. The merits of sun and air bathing are discussed in Chapter V; all it remains to say here is that you should seize every opportunity, whatever the season of the year, to let your child wear a sunsuit and enjoy the sun and air.

Night Clothes

Change all the child's clothes when he goes to bed—don't let him wear the same vest day and night. Pyjamas or one-piece sleeping-suits made of wool in the winter, or cellular material in the summer, are better than nightdresses, for young children are inclined to throw off bedclothes during the night and may easily get chilled. Bedclothes should be few and light, just enough to keep the child warm, and they should be drawn up to the neck. Blankets with a very openwork mesh are to be recommended; eiderdowns are only wanted in very cold weather.

After the child has been asleep for an hour or two, go and see if he's comfortable. If you feel him quickly with your hand and he is warm and glowing, then the bedclothes are all right; but if head and forehead are damp and sticky, there are too many bedclothes on him, and some must be taken off. Always aim at having your child comfortably warm in bed with the fewest possible bedclothes over him.

Learning to Dress and Undress

At eighteen months a small boy can pull off his shoes and socks and perhaps slip out of his rompers. By the time he is two years old he is getting interested in dressing and undressing, though still very fumble-fisted. See that his clothes are very simple, so that he can learn to fend for himself. Of course

he will dawdle and be maddeningly slow at first, for he has no idea of time and he is very inexperienced. You will be greatly tempted to help him, but he is best left to his own devices, and only helped when he's tired or in difficulties. Praise his efforts whether successful or otherwise, and give him plenty of time to do everything for himself.

The more things that fasten in front the better; and the larger the buttons and the button-holes, the easier for his fingers. Sweaters and vests that pull over the head are difficult to manage, so are hooks and eyes and snap fasteners.

Lay out his clothes for him, and teach him the proper order in which to dress himself—vest first, then shirt and so on. Let your routine be the same every day, and he will soon get the hang of it. By the time he is 3, he can usually do most of his dressing for himself, though he may put on his trousers back to front: when he's 4 he should be able to manage everything except doing up buttons at the back and fastening his shoe-laces. When he is 4 or 4½ let him have a proper place for his clothes. Teach him to fold them up neatly at night. It doesn't matter if they are old clothes or new—you don't want him to be slovenly, and anyway clothes have to last him for many months. Something well within his reach—coat-hooks, a small chest of drawers—will encourage him to be tidy. Dressing and undressing should be fun.

You may think it unnecessary to lay so much stress in getting a child to dress himself, but too many children reach the age of 7 or 8 and still need help with their dressing. Too much has been done for them when they were young.

CHAPTER V

FRESH AIR AND SUNSHINE

FRESH air and sunshine are every whit as important as food and sleep, yet while most mothers take great care to see that their children eat enough, many fail to see that they live an open-air life. The English climate is so capricious and so many people's lives are lived in the crowded flats and small dark houses of our big industrial cities that it is not always easy for children to get all the light and air they need.

The symptoms and signs of lack of fresh air are usually easy to recognise. The child is pale, his appetite finicky, he loses his vigour and vitality, he becomes moody and pernickety: yet the same child within a week or two of open-air life on a farm is a totally different creature—his eyes sparkle, he becomes alive, energetic and good-tempered, he eats and sleeps well, and his cheeks begin to flush with good health. Severe starvation of light and air, as described above, is uncommon, but the minor degrees of oxygen lack are to be seen every day. Thousands of children get far less air than they might. It is only when they have moved to a house with more light and air, or when they have come back from a holiday in the country or at the seaside that you realise, on looking back, that your child has been partially starved of light and air for many months.

If you are fortunate enough to have a large house, choose the airiest room for your child. Quite commonly this is given up as a spare room for the use of visitors who may stay for only a few week-ends during the year, while the child is confined to a small dark nursery. This is obviously a mistake: the child's welfare depends on a sunny room, and he should come first. The nursery should be large and airy and scrupulously clean, with only the minimum of furniture, and that strong and easily cleaned, so that the child can have plenty of room for games and exercise. There should be thin bars across the windows and short, fadeless washable curtains. The walls are

best painted yellow or cream with a good washing paint, while the floor should be covered with unpolished linoleum or rubber, with a few brightly coloured washable rugs. Electric and gas fires are in common use, but both tend to dry up the air in a nursery leaving it stale and stuffy, so they should only be used for a short time. A coal fire in an open grate ventilates a room much more satisfactorily. Whatever form of heating you use, you are compelled by law to have a fireguard if there are children under 7 years old, and it is best to choose one with a wire top to it. Keep the windows of the nursery open at all times, summer and winter, except for foggy weather. Don't shut them tight because of cold or rain.

If you cannot have a nursery, give your child the sunniest room available. The ultra-violet rays of the sun do not penetrate glass, so however sunny the room is, you will lose half the value of it unless you open the windows wide. Moving air is just as important as sunlight. Many mothers, brought up at a time when the sun and air never came into contact with the body except for a brief spell during August, are apt to call any free movement of air in a room a draught, and think it dangerous. It is not so. Large amounts of air blowing through wide open windows do no harm. All doctors know well that in winter they will have to go into rooms in which all the windows are shut and a large gas or coal fire burning, to find a child heavily overclothed, pale, irritable and fretful, full of cold and catarrh. Though this is commoner amongst the poorer classes, where children must of necessity live with the grownups in the living-room and kitchen, it is not at all uncommon amongst the well-to-do, where children are brought up in day and night nurseries and looked after by a nurse. Sometimes it is the mother, sometimes the nurse, sometimes the grandmother, that fears open windows and fresh air, and much tact and persuasion may be necessary in getting them to change their views. This is especially the case if the child happens to be an only one, the idol of his parents and grandparents.

Your child needs fresh air by night just as much as by day. He should sleep 12 hours off the reel at night—that's half of his 24 hours, so don't let him breathe stale air. A child's crib takes up very little space, so you can use *any* room for his bedroom.

One other point: indoor life means an increasingly close contact with adults who may themselves have coughs and colds. It means breathing in hot air from the kitchen range, spent gas, the fumes of father's pipe. Under such conditions infections are bound to flourish, and if an adult has any respiratory disease such as bronchitis or pulmonary tuberculosis, the child can hardly escape it. Plenty of fresh air is a safeguard against disease.

So far we have dealt only with indoor life, which the English climate makes unavoidable for a good deal of the year. Now comes the real gist of the argument: don't let a child live indoors more than you must. He is far happier and healthier living a free life in the open air. Herding children together in winter in homes and schools, in buses, trams, and tubes, in cinemas, favours the spread of infections. That is why so many epidemics occur from January to March when children are at their lowest ebb, living too much an indoor life, tired of waiting for the spring to come. During the summer months, when children are playing about in the sunshine, epidemics are much less likely. The moral is clear: let your child get out into the fresh air whatever the weather.

Have you noticed how few children are out of doors before breakfast? Yet the early hours of the morning, especially in summer when it's cool and fresh, are some of the best of the day, and many children are awake by 6 or 6.30 a.m. There is no reason why a father should not take his small daughter for a walk for half an hour or so while mother is getting the breakfast ready, no reason why a child shouldn't scamper about in the garden. Paddling about on a dewy lawn early on a summer morning—isn't that one of the greatest pleasures of childhood?

All this is very well, you may say, but what if my life is spent in a wretched little house that gives on to a busy street and has no garden? What if I live in a third-floor flat in a big industrial city and cannot keep an eye on my child if I leave him to run about in the concrete area down below? What if I have three children and share a few rooms and a kitchen with my parents or parents-in-law? How can I insist on open windows at night when it's not our house, when the streets outside are dirty and dusty, when the wireless announces that another widespread fog

is due to-morrow morning? How am I to shop and cook and do the laundry and find the time to get the children out into the open air?

To all such mothers—and there are many in our big industrial cities—we can only express our deepest sympathy. The problem is extremely difficult. More parks and gardens and playing fields are urgently needed where these children can play; more houses and flats, well-built, well-lit, and airy, at suitable rents, where a young married couple can bring up a family. Under present circumstances their children can never have the same chance, as those reared in better surroundings.

And now a word on sunbathing. Half the value of light and air will be gone unless it reaches the child's body. It is not enough for hands and face to be brown. Dress your child in light, cool, airy clothes, just sufficient to keep him warm summer and winter, and seize every chance, whatever the season, to give him sunbaths. Strip him to the waist, and let him run around in a pair of shorts, getting his skin whipped by the sun and wind to a nice shade of brown. Most mothers are willing enough to sunbathe a child on hot days in July and August: almost all think it risky in the cooler days of spring and autumn. This is a mistake. As long as the child is having active exercise you can give him sun and air baths during most of the year. A stiff breeze is invigorating to a child running about. It whips him up, it tones up his whole body, it gives zest to life. Yet most mothers, though they will put a child into a sunsuit without hesitation when it is blisteringly hot and sultry and there is not a breath of air about, will shrink to sunbathe their children when there is the faintest breeze in case they should catch cold, so many hours of perfect weather are wasted. Many fathers will have experienced the pleasure of sailing a boat stripped to the waist, with nothing on but a pair of shorts, and they can call to mind how warm and glowing they felt, how tanned and brown and fit they became. Forget your fears of wind then, and let your child sunbathe just as usual unless the wind is from the east, raw and cold and unpleasant.



THE PLAYPEN IN THE GARDEN.



PLAYING IN THE OPEN AIR.

CHAPTER VI

SLEEP AND REST

SLEEP is of the very essence of life. In infancy and childhood, when the tides of life are flowing fast, nights must be long and sleep profound, for bone and muscle and brain are growing at a prodigious rate: whilst in old age when life is ebbing, a few hours' sleep a night are enough. A young child is never still. He is running about all day, jumping and climbing and crawling. His brain is hard at work taking in new impressions—seeing, touching, tasting everything—and all this vast outlay of energy calls for sleep in which to make good the wear and tear of body and brain. Sleep for a child is almost as important as food. Everyone knows what it feels like to have a sleepless night—how nervous and irritable you feel next morning, how much your head aches, how poor is your appetite: yet these same symptoms occurring in a young child who is constantly going short of sleep are too often put down to teething, to “out-growing his strength”, to being “nervous just like his father”.

For proper sleep many things are necessary:—

1. Regular hours and proper training.
2. Exercise in the open air.
3. Open windows by night.
4. A sound digestion.
5. Peace of mind.
6. Sound health.

Regular Hours and Proper Training

Children between 1 and 5 should be in bed by 6 or 7 p.m. and sleep the clock round undisturbed except for being lifted at about 10 p.m. to pass water. In addition they need a midday nap of 1–2 hours. This is the ideal, but it must be admitted that it is an ideal difficult if not impossible to achieve (a) in crowded blocks of flats, built perhaps round a central courtyard where

every sound is echoed and magnified; (b) in older industrial districts where father and mother and three children may be living in 2-3 rooms; (c) in crowded homes where there are several children of varying ages all talking, laughing, playing, listening to the wireless, watching the TV, etc. To do well, however, a child really does need his 11-12 hours of unbroken sleep at night, and though it is true that a very occasional late night will do no harm if he is allowed to sleep later next morning, it is best to have a regular routine, and to put your child to bed quietly at the same hour summer and winter. A child has no sense of time, so he needs a brief warning that bedtime is coming round, that it's time to put away his toys and get ready for the night. He hates to give up in the middle of an exciting game, to stop half-way through a story. Half an hour then before his bedtime get him to put away his toys tidily: you can call this "putting his toys to sleep", which will appeal to him as right and proper. Then let him help to get his bath ready—if there is no bath, his basin of hot water, soap and flannel—and let him fold his clothes up neatly. When he has had his bath, put him into his pyjamas, tuck him up in bed and leave the room with an air of brisk finality that suggests that sleep is expected very soon. One child will drop off to sleep as soon as his head touches the pillow: another, more imaginative, will lie awake for a time and feel happy only if the bedroom door is left ajar, so that a little light streams in, and he can hear his mother moving about downstairs. It is comforting too to have a toy or teddy bear to hug.

Never strap a child in his cot. If he tends to trample about over his bedclothes, just leave him. When you go back half an hour later, he will probably be sound asleep in a heap: you need only draw the bedclothes quietly over him. Never leave him all alone in the house at night. He will be scared if he chances to waken and call out and there is no one to hear, and this may be the beginning of persistent nightmares and sleepless nights. If he wakes and calls out, go to him, speak to him reassuringly for a minute or two, then tuck him up again and leave him. If he continues to call out, he is probably wheedling for a little extra love and attention. Don't deny it to him as long as his demands don't become too insistent.

When he is 2 years old it is best that he should sleep in a room by himself.

Bedtime

The usual bedtime hour for young children is 6 p.m. but some fight against this and are not ready till 7 p.m. Provided that your child has 11-12 hours of unbroken sleep, the exact time for bedtime doesn't matter much. If your husband is an early riser, bedtime at 6 p.m. is obviously best, but "early to bed, early to rise" may not suit your household arrangements. Bed at 7 p.m. has several advantages: (1) Your husband is back home in time to see something of the children, to tell them bedtime stories perhaps while you are cooking the evening meal; (2) the children are more likely to sleep through till 7 or 7.30 a.m.; (3) the later hour is an advantage on hot summer nights. A child of 1 or 2 needs to be in bed by 6 p.m., but as he grows older, bedtime can be made a little later as one of the privileges of growing up. Supper in a dressing-gown at 5.30 p.m. after his bath, followed by bedtime stories till 6.30 p.m., may be a good plan for a small boy of 3½ or 4, and then you can have your evening meal later: or you may find that high tea for the whole family at 5.30 or 6 p.m. suits you best.

In summer many mothers blame the Daylight Saving Bill for their difficulty in getting a child off to sleep. It seems such hard lines to put him to bed in the long summer evenings, while there is still so much daylight left, when the air is getting cooler after the heat and burden of the day, when he's so full of life and high spirits: and so he is kept out of doors running about till 9 or 10 o'clock, maybe even later. This is a sure way to loss of sleep, frayed nerves and irritability. Though most babies and young children sleep perfectly well in broad daylight, it is usually best to pull the blinds. If he does not drop off to sleep because he's too hot, give him a cool sponge down before bedtime, which can be one hour later, and let him have a hard mattress and one thin blanket. Make certain he gets extra rest during the day to make up for his bad nights. It is not wise to keep him up later in the hope that he'll sleep better.

Don't keep a child up late in order to show him off to admir-

ing relatives: he really needs his regular bedtime. They can always come a little earlier if they want to see him.

The Midday Nap

Nearly all children need a midday of 1-2 hours until they are 3 or 4 years old. Even after the age of 5 when they are going to a nursery school, at least 25-30% of them will still be glad to sleep during the day, especially those lean and wiry ones who wear themselves out with their exertions. By the age of 5 they will be outgrowing the midday nap, but they still need rest during the day: so put your child in his crib with a toy or a book and let him have a quiet period every day. Sometimes he will fall asleep, sometimes not. If he hasn't dropped asleep within the hour, let him get up. Some fight against sleep when the day is fine and sunny because their minds are all agog with schemes for the afternoon, yet in spite of protests they often fall asleep readily enough.

In the early years the midday nap is best taken in his crib: later on you may find he sleeps well in a camp bed out on a veranda or in the garden, though usually there are too many distractions for sleep.

When should he have his midday nap? It depends on when he wakes in the morning. If he is awake at 5.30-6 a.m. he will probably be ready for his nap by about 11 or 11.30 a.m. He sleeps for 1-1½ hours, has his lunch at 12.30 or 1 p.m., then runs about for the rest of the day. It is well for him to have his midday meal half an hour or so after he wakes, for if he sleeps right on till lunch time, he may wake "with sleep in his mouth" and have little appetite for food. But if he sleeps on every morning till 7.30 to 8 a.m., he may not be ready for his midday nap till 1 or 1.30 p.m. It is best then to give him his midday meal at 12 or 12.30 p.m., and put him down to sleep afterwards. As a rule you shouldn't wake a child out of sleep, but if his nap goes on late into the afternoon, you had better rouse him gently by pulling up the blinds and opening the windows, otherwise he will not be ready for bed till a late hour. With the afternoon nap it is still advisable to put the child to bed at 6-6.30 p.m. though he may not sleep till 8 or 9 p.m.

Exercise in the Open Air

Many children do not sleep well because they have too little to do during the day. Cooped up in hot kitchens, strapped in prams, confined to nurseries during the cold weather, they are living too cramped a life and have no chance to get healthily tired with bodily exercise. They approach bedtime tired in mind, but not in body, in no state for sleep. The remedy is obvious—let your child live a more natural, open air life.

Open Windows at Night

All growing creatures need oxygen in plenty, by night just as much as by day, so keep your windows wide open at night, except in thick foggy weather or driving rain. Put the cot close under the window, so that the child is virtually sleeping in the open air summer and winter. Cold night air is *not* dangerous: that is a mid-Victorian fallacy. In most day nurseries in London you can see young children taking their morning nap in the open air even in mid-winter, whilst in countries like Switzerland you can see children sleeping out on verandas even when there is deep snow on the ground. You will find flannel night suits and pyjamas best at this age, for bedclothes are apt to be tossed off; and a hot water bottle may be wanted, for cold feet will deter the approach of sleep.

A Sound Digestion

Many children sleep badly because of an overloaded stomach. They are given too much food all day, and especially too big a meal at teatime, and this is often followed by milk and biscuits when they are in bed. Their digestion is overtaxed, they suffer from flatulence and constipation, the gastrointestinal tract is never at rest but churning about queasily all night. Tea should be at 5.30 p.m. and should be a light meal, and by 6.30 p.m. the child should be ready for bath and bed. By this time he will have digested his tea and he goes to bed with an empty stomach. There is no point in giving him anything more to eat once he is in bed—he doesn't need it and it will only postpone the date at which he is dry by night. (See also p. 101-707 on the care of the teeth.)

It is true that "there is an insomnia of emptiness as well as an

insomnia of fullness", but surely the latter is the commoner fault. Light feeding, a light tea and nothing afterwards, will often cure a child whose insomnia has resisted all manner of drugs and sedatives.

Peace of Mind

It is easy to overtax a child's brain in the evening, so that he goes to bed with his head in a whirl. Many children, given the chance, will romp about excitedly with grownups till they are quite worn out and all their good humour ends in tears. For a small boy or girl an occasional pillow fight with father is complete bliss, but let it only be for a few minutes and allow a little time for the child to cool off afterwards: and don't repeat it if it leads to a sleepless night. Similarly with bedtime stories—don't let them be too exciting. "Jack the Giant-killer" is quite enough to give an imaginative child a nightmare. Keep to the simpler stories that befit their age—Brer Rabbit and Brer Fox, the Beatrix Potter stories, fairy tales, or best of all stories that you have made up yourself. This can be one of your greatest pleasures. Young children also love lullabies and songs, so if you have a voice, don't be afraid to sing to your child—nursery rhymes, the songs of the day, old country tunes, all your own favourites. Many children will go to sleep happily listening to radio music or gramophone records turned on quietly, but neither gives the pleasure that a mother's songs can do. These sink down deeply into his drowsy mind, and give him a background of music that he will never lose.

Sometimes a child who lives in too tense a home atmosphere will go to bed with a troubled mind, to worry over his problems during sleep. If he should wake in terror, calling out and sobbing, turn on all the lights, take him out of bed, wake him up thoroughly so as to dispel the bad dream and soothe him down in your arms. He will soon be ready for sleep again. You may discover the reason for his nightmare from his incoherent talk.

Sleep-walking is uncommon in children under the age of 5. It is usually due to deep-seated worries over difficulties with home or school life. The best cure is a long holiday in the country.

Sound Health

Children in good health sleep well, but as soon as they fall ill, especially if it be a feverish illness, the good habit deserts them. They toss and turn about restlessly, they wake up bathed in a cold sweat, they may be lightheaded. Much can be done by plenty of fresh air, by light bedclothes, by a warm sponge down and a cool drink. Sedatives may be necessary—that is for your doctor to decide. Aspirins will relieve headache and reduce fever, but they have the disadvantage that they increase sweating. Bouts of coughing, such as occur in whooping cough, pneumonia or in asthma may lead to disturbed nights: teething occasionally is responsible.

Insomnia

The causes of insomnia should be fairly obvious from what has been written above. Faulty training is perhaps the commonest cause, the legacy of many months of weak and injudicious handling. One child will refuse to go to sleep unless he is rocked by his mother or sung to sleep, another will go through an elaborate ritual in which he *must* have a certain doll to hold or a piece of blanket to suck, a third will insist on frequent sips of water and will yell with rage if these are not promptly forthcoming. He means to have extra attention, and this is his way of getting it, for the mother feels compelled to give in for peace and quiet or for fear of what the neighbours may say—and in modern flat life they can say quite a lot. Often insomnia is not the child's only symptom—he is generally negativistic, he won't eat, he won't sit on his pot, he won't behave.

A good steady routine is then essential. To handle a child properly you need kindness plus firmness plus a certain natural gaiety and lightheartedness. You should enjoy your child, feel amused at the transparency of his wiles, sympathetic that he is still so young and immature. But he has got to learn that other people have their rights too, that you won't be stampeded or bullied by his tempests of tears and passionate anger. Put him to bed quietly at 6.30 p.m. and leave him quite alone. You will have several bad nights, of course, while you are breaking him in like a colt, so it will help if your doctor can order sedatives

regularly for a few days to tide the child over the crisis. You will want all the support of your husband, your relatives, and your friends, for it will be quite impossible to train the child back into good habits of sleep unless everybody sees eye to eye on what has to be done. If he sees that *nobody* is going to give in to him, a child will soon cease his antics. If you foresee that it will be all but impossible to train the child at home, your best plan is to send him away to the country for a long holiday.

Insomnia is a frequent complaint in the out-patient departments of children's hospitals, and certainly it can be very difficult to cure. Housing conditions, the home atmosphere, the tired and anxious mother at the end of her tether, family squabbles—all these and a good many other details have to be considered. It is notorious that many childish illnesses—fever, restlessness, diarrhoea, vomiting, coughs, colds—settle down promptly in hospital *without any special treatment*, almost certainly because for the first time for many months the child has had real continued rest by day and a sound sleep at night in a warm and comfortable bed.

Lifting at 10 p.m.

Every young child between the ages of 1 and 3 should be lifted out of bed somewhere about 10 p.m. and put on his pot to pass water, and this routine should not be given up till he is having dry nights. It does not matter whether he wakes up completely for this, or whether he passes water while still drowsy and only half awake.

This training is very much worth while, for once a child gets into the habit of waking every morning with his bed wringing wet, he'll come to feel that this is natural and normal, that it's expected of him; and this may easily drift into the wretched habit of bed-wetting, a habit that it may be extremely difficult to cure. A child may hate being got out of his warm cot, and show his rage by struggling and screaming and arching himself backwards in a passion, and it may be several hours before he is ready for sleep again. In this case it is wise not to persist, but to leave him in napkins at night for another month and then try again. But most children accept the routine readily enough.

CHAPTER VII

GOOD POSTURE

GOOD posture depends on good muscle tone—in other words, on muscles that are firm and supple and springy; and these in their turn depend on several factors—on proper feeding, on the child's general health, on the amount of exercise he has, on sleep, on happiness. These subjects are dealt with in other parts of this book, but it may be as well to reconsider them again here, quite briefly.

Diet is of the greatest importance. Your child needs food that will give him muscle, bone and blood, not simply food that will make him put on weight, for it is of no use to him to get excessively heavy, with rolls of superfluous fat all over the body. Overfeeding, therefore, particularly overfeeding with sweet and starchy food, is a very common cause of lax and feeble muscles and ligaments, and it is to be avoided at all costs. (*See Chapter III.*)

Illness, particularly a severe or long-continued illness, an accident or an operation, whittles down a child's muscles and lowers their tone. Repeated attacks of bronchitis, tonsillitis, ear trouble or diarrhoea are especially harmful, for no sooner is the child over one complaint than he begins another, so the muscles never have a chance to regain their power. Many of these childish ailments can be avoided by proper dieting, by seeing that the child has every chance to use his muscles, every chance to scamper about in the open air. Close contact with adults who are suffering from coughs and colds and sore throats, overcrowding, living in hot airless kitchens or damp basements—all these increase the risks of infection and lower tone. Every illness should be treated promptly, and after all but the most trivial it is wise to see that the child has proper time for convalescence.

A child cannot be expected to develop fine muscles unless he is allowed to use them to the full, and it is here that one must say a few words about the over-use of the pram. A pram may

be a social convenience for the mother, but for the child it is nothing more than a bed on wheels, a menace to his activity. Poor tone of the leg muscles which is responsible largely for knock knees and flat feet is therefore much commoner amongst children who are pushed out in prams for their morning and afternoon airing, than amongst the poor whose children are allowed to scamper about in the streets, to climb over slag-heaps, to run about in playgrounds. It is still far too common to see a child of 3 or 4 being pushed through the streets in a pram, often sagging forwards over a strap, miserably sucking his fingers out of sheer boredom. This is all wrong. It is better to regard the pram as the child's enemy, to give it up for good as soon as the child is walking well. Some mothers and nurses will say that he gets tired so quickly that they must take the pram so that he can ride home, but surely this is an argument to the contrary—if he was allowed to walk and run a little more every day his muscles would improve and he would not get so tired.

Muscle tone soon flags and fails unless a child has plenty of sleep. Between the ages of 1 and 5 he needs 12 hours of unbroken sleep at night with a midday nap of 1–1½ hours. If he is constantly going short of this, he will soon show signs of it. His whole body will sag from fatigue, he will become moody and irritable, finicky with his food, a prey to gusts of passion; yet all this will vanish with a day or two in bed, or insistence on his going to bed earlier in future. Keeping children up too late is a constant source of trouble. Sleep is every whit as important as food, so if your child stands badly with drooping shoulders and a woebegone expression, make sure first of all that he is thoroughly rested. Bed is not "weakening"; on the contrary, a child's muscles will never improve until he has lost his fatigue by proper rest and sleep.

When your child is past the cradle stage, give him a drop-side cot of his own. Let both springs and mattress be firm and flat so that he can lie stretched out straight, for a bed that sags in the middle is bad for his back. No pillows are necessary. Bed-clothes and night-clothes should be light, so that he is not oppressed by their weight.

A child who is unhappy at home soon droops and becomes

dispirited. Carping criticism, constant nagging and an over-harsh discipline take all the stuffing out of a child: he slum-mocks, his shoulders become rounded, his back bent, his whole attitude eloquent of despair. Happiness, activity, and a good posture go hand in hand: they should be the natural inheritance of every child.

Probably by now you will be saying: How am I going to recognise good posture when I see it? Is my child's posture good or bad? Here, then, are brief descriptions of the two conditions, with several illustrations of each, for not all children hold themselves alike. Some are built on slender, graceful lines, while others are more stockily made. You must not expect a little child to have the same posture as his elder brother or sister, for posture changes as a child grows older. A small boy of 15 months who has just learned to walk usually has a prominent abdomen. As he grows taller he will lose his chubbiness and become more lean and slender, so that by the time he is 5 or 6 years old his abdomen is usually flat.

Flat Foot

At the age of 12-15 months when a child is learning to walk, he plants his feet down flat on the ground and staggers about unsteadily on a wide base. His sense of balance is very immature, and this is the easiest way of keeping upright. Later on, as his balance improves and his muscles become stronger, he walks more on the fore-part of the foot, with his legs more closely together. Much depends on the body build the child has inherited. Some are born with lax muscles and lax ligaments, heavily and clumsily made, others from the very first are better braced, neat on their feet. Most children develop an arch as they become more expert in walking, provided that they are not allowed to get too heavy; a few, born with an immature type of foot, will not.

Flat foot is sometimes secondary to knock knee, for if the line of the knee is wrong it takes tremendous muscular effort to keep up the arches of the feet. The very young child instinctively takes the strain off the inner side of the knee and foot by walking in-toed. This type of defect is often seen in heavily-made small girls.

GOOD POSTURE

1. The child stands at his full height.
2. He holds up his head.
3. His chest is held up.
4. His abdomen is drawn in.
5. The curves of his back are straight and his shoulder blades do not stick out.
6. His knees are straight.
7. He tucks his bottom in.
8. He stands with his feet close together, his toes pointing straight to the front.
9. His legs are straight, or nearly so, and he has well-developed arches to the feet.

BAD POSTURE

1. The child stands in a slouching position.
2. He holds his head forward.
3. His chest is flat.
4. His abdomen is prominent and sags badly.
5. The curves of his back are accentuated and his shoulder blades stick out.
6. His knees are slightly bent.
7. He sticks his bottom out.
8. He stands with his feet apart his toes turned out.
9. He has knock-knees, and he goes over on the inside of his ankles.

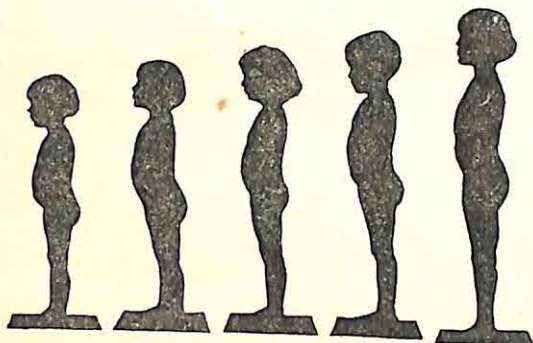


FIG. 2. GOOD POSTURE

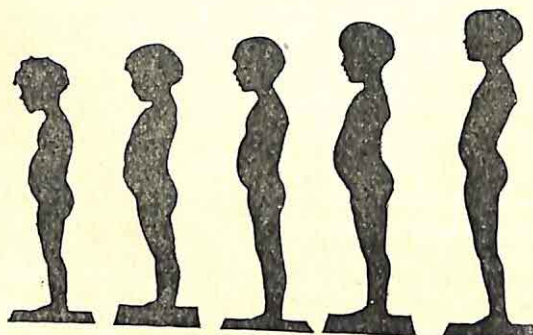


FIG. 3. BAD POSTURE

GOOD POSTURE

IS BROUGHT ABOUT BY:—

1. Good general health and good nutrition: a well-balanced diet, including the foods that build muscle and bone—milk, eggs, meat, fresh fruit and vegetables, and cod liver oil
2. Freedom from infection and from diseases that bring about deformities. Good sight and hearing.
3. Plenty of sleep and rest: sleeping in a bed that does not sag, with a firm mattress: using a very flat pillow.
4. Wearing easy fitting clothes, shoes and stockings.
5. Sitting in a chair that supports the lower part of the child's back, and that is low enough to let him keep his feet flat on the floor.
6. Happiness and security in the home.
7. Plenty of freedom for open air games and exercises—running, jumping, skipping, climbing, etc.

BAD POSTURE

IS BROUGHT ABOUT BY:—

1. Poor general health and malnutrition: a poorly-balanced diet, containing too much sweet and starchy food, and too much food that is tinned, dried or preserved.
2. Repeated infections, such as coughs and colds and sore throats: deformities, such as those caused by rickets: bad sight and hearing, which make a child adopt strained or unnatural positions so that he can hear or see better.
3. Too little sleep and rest: sleeping in a sagging bed, on a mattress that is too soft: using too high a pillow.
4. Wearing badly fitting clothes, shoes and stockings.
5. Sitting in a strained position in a chair that is too big for him with his back and feet unsupported.
6. Unhappiness and insecurity in the home.
7. Lack of opportunity for open air games and exercise; lack of variety in exercise, so that the child develops one set of muscles rather than the body as a whole. Excessive use of the pram.

Lack of muscle tone, however, is the main cause of flat feet. The important structures that support the arches of the feet are not ligaments but muscles. Anything which reduces their tone will cause the arches to sag. Prevention—and I believe that most cases of flat feet are preventable—lies in seeing that the child does not get too heavy, that his diet is light and varied, suitable for his age and not excessive in amount, that the child gets all the exercise he needs. Treatment lies in restoring tone, not only to the leg muscles but to the whole body, and this takes time. Meanwhile the inner side of both soles and heels should be wedged one-eighth to one-sixth of an inch, so that the child's weight is thrown more to the outside of the ankle. Wedged shoes will probably have to be worn for 6–12 months.

Knock Knees

The main causes of knock knees are the causes of poor muscle tone outlined at the beginning of this chapter—excessive weight due to excessive feeding, too little exercise, poor health, etc. With a figure which has come to look like Humpty Dumpty, the child is forced to support a great heavy body with lax and toneless leg muscles, and under this strain both knees and ankles tend to give way on the inside, girls with their wide hips being more prone to trouble than boys. It is, I believe, almost entirely a preventable defect. Proper diet and exercise and wedged shoes will put the knees right in 6–12 months if the degree of knock knee is slight. If, however, the deformity is pronounced, if with the child's knees together you can put your whole fist between his two ankles, you should get the opinion of an orthopædic specialist, for knock knees irons may have to be worn.

Bow Legs

Many children are born into the world with a certain amount of bowing of the lower part of the legs, due to their cramped position in the narrow confines of the womb. With some children the legs have straightened out by the time their first birthday is reached; in others the lower part of the shins shows some inward bowing for another couple of years, after which the legs gradually become straight. This condition is quite natural and demands no treatment whatever beyond seeing that the child's muscles keep firm and supple; but if the child's nutrition suffers and the muscles lose their tone, this natural bowing may become accentuated and demand medical treatment.

Round Shoulders

This goes hand in hand with a sagging, prominent abdomen, and is due to general weakness of the muscles of the back. It occurs when a child has become completely tired out and harassed by work and worry—drooping shoulders and drooping spirits go together. A really good holiday with lots of fun is the best cure.

CHAPTER VIII

PLAY

PLAY is Nature's way of preparing a child for the serious business of life. It is not just a pastime: it is an instinct deep-rooted in the children of all countries, an instinct which closely follows the orderly growth and development of a child's body and brain. And this is true not only of children but of all young animals. If you watch a kitten, it is clear that the darting about, the sudden pounce, the mad scramble up the curtains, are all a preparation for the time when it will catch a mouse or a bird. Without play there would be no perfection of movement, no rapidity of thought, no chance of life. At first large muscles must swell out and become firm and supple, so Nature sees to it that the child's play instinctively turns to running and jumping and turning head over heels. Skill with the hands comes later, and then the child turns happily to building bricks and fitting large coloured pegs into pegboards. Still later comes the growth of the emotions, and the child works out his problems in make-belief, in imaginary talks with dolls, in endless questions. Different types of play then follow one another in an orderly sequence, yet although the general pattern remains the same for all children, no two children play exactly alike. Each reveals his true character, his inmost needs, his emotional make-up in the manner of his play.

To play happily a child needs

1. Light and air and space.
2. The right sort of toys and playthings to suit his age and interests.

Light and Air and Space

Modern life which has crowded whole families into flats has robbed children of their play and done much harm. Gardens are vanishing, the countryside is disappearing fast, and out of

doors for many children means only the streets, and streets make dangerous playgrounds.

Every toddler needs a place of his own in which to play. Play in the open air—in a park, a garden, or a yard—is best, but our climate often forbids this: the child is forced to play indoors. If you can spare him a room, so much the better: if you can't, give him at any rate the corner of a room where he can keep his toys. If he is allowed to do as he likes there, you won't have to keep on saying "Don't" so often. If you respect his rights, he is more likely to respect yours, but if he can't touch and handle things of his own, if he can't run and jump and climb to his heart's content, he'll only satisfy his natural desire for activity by clambering over your best dining-room furniture, and getting into all sorts of mischief. He won't want to be in one room all the time. He's fond of company, so wherever his mother is—the bathroom, the bedroom, or the kitchen—that will be his playroom on occasion. There is no reason why he should clutter up the house with his toys and playthings—he's not too young to learn. Get him to be tidy, to put away one toy before he starts with another, not to leave everything on the ground for adults to trip over. Don't give him too many playthings at a time—they confuse and distract him. He is happier with one or two.

Toys and Playthings

Toys for a little child should be strong, for they will have to stand up to a lot of hard wear: they should be simple, easily cleaned, and inexpensive: and most important of all, they should be suited to his age and interests. Many parents are surprised and hurt when a 2-year-old throws aside an expensive present in favour of an ancient and battered golliwog, an old watering can, or a few wooden spoons. But there is a very good reason for this—the child is being given something that he is too young to appreciate, something which does not tally with his stage of development. Here then is a list for your general guidance, to help you choose toys and playthings that will suit your growing child. Many of these you will find in your home, many can be made by any handy man.

1-2 Years

During these early years a child is busy getting control of his large muscles. He has learnt to crawl, and now he wants to walk and talk and explore the world. He's no longer happy confined to a playpen. He needs things that he can pull and push, things to lift and hammer and bang. He won't give up his babyish toys yet awhile, but now he's growing up, he wants more scope for his energies. You must remember that when he's very young everything will go into his mouth, so don't give him anything that he can swallow, and see that corners are not too sharp or paint too easily licked off.

These are the sort of things that he will enjoy:—

A small wooden table and chair of his own, stoutly made.

A small wagon, large enough to hold his toys but light enough to be easily pulled.

A wooden horse on wheels that he can tug about.

A simple wooden train with easy couplings.

Boxes of all sorts.

Wooden blocks of various sizes.

Old wooden spoons, clothes-pegs, and tin pans.

An old broom with the handle sawn off short.

A peg-board with brightly coloured pegs.

Pyramid toys, round or square, that take apart.

A brightly coloured ball, small enough for him to grasp easily.

Cuddly animals, dolls and golliwogs.

Bath toys, rubber or wood.

2-3 Years

This is the age of experiment. The child's muscles are stronger, his sense of balance more sure, so soon he will be ready for his first adventures in climbing, sliding down slopes, see-sawing, swinging, turning head over heels. He will still enjoy the playthings given in the previous list, but in addition he will appreciate:—

A sandbox in the yard with a few sand toys—a wooden spade and bucket, old wooden spoons and cardboard containers.

A kiddy car.

Small garden tools—bucket, spade, watering can.

A wheelbarrow, low and easy to push.

Wooden cars and trains on wheels.

A doll's pram.

Large wooden blocks: a convenient size is $4 \times 6 \times 12$ inches.

A few odds and ends of planks, to make a slide or bridge.

A swing.

Fitting in toys—nests of boxes or Russian dolls that fit inside one another.

3-4 Years

By the time a child is 3 years old his fingers are getting more nimble, his imagination more active, and now he will enjoy crayons, paints, modelling wax and clay, all of which give him scope for self-expression. His ideas can now take shape, and he can express his deepest feelings in a riot of colour or with vigorous strokes of a pencil—all very satisfying. There are limits to what you can do with a toy engine, there are no limits whatever to what you can do with paints and crayons, and you can set about it just as you like without any interference from grownups. So the child splashes on the colours and enjoys himself hugely. He is bound to get into a mess, so put him into an overall that doesn't matter, spread some newspapers on the ground, and let him have a really good time. An easel is handy for painting—perhaps his father could make him one out of plywood.

Children delight in acting out in play the life of the household that they see around them every day. They will copy their father telephoning, their mother washing the baby: they will copy the doctor, the grocer, the milkman, mimicking their manner, their accent, even the very tone of their voices. A young child of 2 needs few stage properties for this sort of play: the child of 3-4, however, wants things to be more realistic. Dolls and the household equipment for dolls—clothes that will take on and off, prams, beds, tea-sets, etc., are most popular, both with boys and girls. Don't imagine that your small son is in any way abnormal if he thoroughly enjoys playing about

with dolls. It is quite natural, it won't make him girlish, and he'll only resent it if you interrupt his fun. And anyway it's only a temporary phase.

Almost every young child loves dabbling with water. He will play about happily for hours in the bathroom or over the kitchen sink, pouring water from one pot to another. Put him in a waterproof overall, then he won't hurt his clothes. In summer time you can stand a wash-tub out in the garden or in the yard, together with a few things that float—a celluloid duck, a little boat, a few corks—and something to pour water with—a jam jar, a medicine bottle, a cold cream jar, a piece of rubber tubing—and he'll thoroughly enjoy himself and learn a great deal about the queer behaviour of water. Making mud pies too is great fun, though grownups are apt to frown disapprovingly at it.

See then the previous list: and in addition let your child have such things as:—

Large-sized, brightly coloured crayons, with big sheets of white paper.

A box of paints.

Modelling wax or Plasticine.

Dolls with their household equipment—clothes, prams, beds, tea-sets, etc.

A doll's house.

A miniature telephone.

Farmyard animals made of wood.

A Noah's ark.

A miniature grocer's shop or butcher's shop.

Boats, small and sturdy, to sail in the bath or wash-tub.

Runabout toys—wagons, trolleys, wheelbarrows—big enough to give rides to other children.

Fitting-in toys of geometrical design—coloured wooden circular insets to be fitted into circles, squares into squares, etc.

Bricks of various shapes and sizes. $6 \times 3 \times 1$ inch is a useful size, with a few $3 \times 3 \times 1$ and a few $18 \times 3 \times 1$.

Wood cut into the form of arches, triangles and cylinders increases the possibilities of making things. Any

useful carpenter can make these out of a hard, non-splintering whitewood.

4-5 Years

The 4-year-old is no longer a baby. He needs toys with which he can make something or do something, he needs the companionship of other children, he needs an increasingly out-of-door life. Give him the raw materials of play and he will be happy living in a world of his own, deeply absorbed in the pleasures of the imagination.

Children of this age love dressing up and make-belief, so keep an old trunk in which to put odds and ends of materials—a few unwanted yards of curtain, a frayed piece of lace, old fur trimmings, odds and ends of ribbon, etc. To be a pirate properly you must have the right sort of rigout, and it is great fun rummaging about in a trunk to find the finery you need for the occasion.

Here are some of the toys suitable for this age:—

A few smooth boards of different lengths and breadths, not too heavy for him to carry.

Old packing cases.

Rope of various sizes in 2-3 yard lengths.

A small set of tools.

A small tent, suitable for playing Red Indians.

A tricycle.

Model railways, boats, motor cars, aeroplanes.

Simple jig-saw puzzles.

A small pack of playing cards: simple card games such as "Snap" and "Happy Families".

Scissors with blunt ends, paste, a scrap book, and a bunch of old illustrated magazines.

A large beach ball.

Playing Alone

As soon as your child reaches the play-pen stage, give him the raw materials for play and let him get used to playing alone. He will learn by doing things for himself, by making his own decisions, by trial and error; so however tempted you may be

to lend a hand when you see him doing something awkwardly, don't interfere with his play. Give him toys that suit his age, and let him solve his own problems.

Playing with Other Children

Playing alone will not satisfy a child for long: soon he needs the friendship and rivalry of other children of his own age. Grownups and older children cannot fill this gap, for their learning is so much ahead of his own. He needs other immature creatures like himself to play with, some a little older, some younger, but all at much the same stage of development. It may not be easy for you to find other children of just the right age in your neighbourhood, but the advantages of having playmates far outweigh any differences in age. Your child will learn a great deal by copying them, and it will be good for him to adjust himself to the views of others. "Rubbing off corners" has to start one day, so let it be sooner rather than later. If quarrels arise—and of course they will from time to time—you may have to step in to settle the dispute. Often you will find it best not to take sides, for you can't be fair if you have not seen how the trouble began: better to make a clean break of it, to take away the cause of the trouble, the toy perhaps that everybody wants at once, and think of something else quickly that everybody will enjoy.

You will have to be careful to see that your child doesn't play with older children too much, for he may not be able to keep up with them mentally or physically. Trotting along behind them, trying to keep up with them and do everything they do, is tiring work for a toddler, so however much he may protest, he'll still need his midday nap and an early bedtime, otherwise he may overdo it and wear himself out. Besides it may not be too safe. In his anxiety not to be outdone he may try to dart across the road after them, to climb trees far beyond his power, so it is as well to keep a watchful eye on him. Nor is it good for him to give way to the ideas of older children too much, to be forced to play second fiddle when they shout excitedly "What shall we do now?" He needs a chance to assert himself, to lead as well as to follow. Equally then he shouldn't be with younger children too much, for then he may

find it so easy to dominate them that he is in difficulties later when he tries to ride rough-shod over children of his own age. Older children must sometimes be responsible for the younger ones, but it isn't fair for them always to have a youngster tagging along at their heels. They need to be relieved of their responsibility from time to time, so that they can run away and play with their friends.

CHAPTER IX

BOOKS AND MUSIC

Books

Books are for a child's delight. He has come into a world of which he knows nothing, and his eyes are bright as you tell him stories of the wonderful things there are to see—fairy tales, tales of long ago, tales of far-distant lands beyond the seas. Books open up new worlds to him, they fire his imagination, they develop his sympathy and understanding, and they will be a lasting source of pleasure to him all his life. Besides, if he has been brought up with books and stories, he will have a head and shoulders start over those whose first acquaintance with books comes at school. Children who cannot read, children who dislike books, are at a tremendous disadvantage when it comes to entering school. Not only their work but all their pleasures and interests are handicapped if books have come hardly to them, so from an early age let your child have books as his constant companions. You may say: But my child doesn't enjoy reading. If so, you probably haven't been giving him the things that he enjoyed. Wherever his interests may lie, there's always a book that will keep him interested and happy, something that will widen his horizon. Reading should be fun—that is the all-important point.

Such a flood of children's books has been poured on the market in recent years that you may be puzzled to know what to buy. Many are beautifully illustrated, highly original, and packed full of wit and gaiety. You can't read them all, so a selection of books has been compiled below to help you. This is not a list of the "best" books. It makes no pretence of doing more than giving you the names of a few good books. Many others are equally interesting and amusing. Fresh favourites will arise every year or two, so this list will need constant revision. Children vary very much: you cannot always tell what they will like. But anyway, that's half the fun of children, that they are so unpredictable. The surest sign of their approval is

"Now read it all again", but don't be surprised if your child falls for something that you think dull and uninteresting. The child doesn't see it with your eyes. He has a great sense of the miraculous in everyday life, while we, who are grown up, take so much for granted. Water gushing from a tap does not strike us as anything marvellous, but to him it is something alive and fresh and natural. He starts life with a vivid imagination, a keen eye for beauty, a passion to learn how things work—in other words, part poet, part scientist.

Picture Books

Start with picture books. Coloured books are best, and make sure that the colours are clear and brilliant, for children don't appreciate the paler shades until they are older. The book should be well bound, sturdy and durable, the letterpress large and clear, the English simple and straightforward. It is good to have these first picture books full of animals and children and the familiar things of everyday life, pictures of the new-found world in which the child finds himself, where everything is fresh and marvellous, pictures in which he can exercise his newly-found art of speech in calling things by name. They should be large wide books, so that the child can sit on your lap and turn the leaves. He'll soon learn where the turnovers come in the text, and before long he'll be holding the book open and saying the words and turning over for himself at the proper place. Sitting on your lap and being cuddled and sharing the book with you gives him an added sense of pleasure. A large wide book has the further advantage, that it gives greater scope for the artist. With a wide book the artist can draw a picture on every page, a picture that tells the whole story, full of intriguing detail. Children love detail—the smoke coming out of chimneys, washing hanging out on a line, monkeys up trees, and so forth: and you'll often find they are more interested by a little detail right up in the corner of a page than in the main subject. They love pointing at things in the pictures that they recognise and naming them—"chu-chu" when they see a train, "bow-wow" if they notice a dog. A queer primitive pleasure, this delight in recognition, which persists even into adult life. Who hasn't enjoyed recognising friends in an old book of snap-

shots? Who hasn't been pleased in finding his thoughts and feelings well expressed in the pages of a novel?

Large Picture Books

"The Story of Babar," by Jean de Brunhoff. (Methuen.)

There are several others in this series—"Babar's Travels," "Babar the King," "Babar at Home," "Babar's Friend Zephir." Picture books by a French author, justly famous all over the world for his superb and witty illustrations, and for the excellence of his text. Beloved by all children.

"Orlando, His Trip Abroad," by Kathleen Hale. (Country Life.)

The adventures of a marmalade cat, with magnificent coloured illustrations. There are other adventures—"Orlando, a Camping Holiday," "Orlando Buys a Farm," "Orlando Becomes a Doctor," "Orlando, his Silver Wedding"—all first rate.

"Tim and Lucy go to Sea," by Edward Ardizzone. (Oxford.)

A simple and well-told story with characters that come alive to the reader, and water colours full of beauty and humour. There are two others—"Little Tim and the Brave Sea Captain," "Lucy Brown and Mr. Grimes"—equally good.

"Butterwick Farm," by Clifford Webb. (Warne.)

Exquisite drawings of farm-yard animals with a brief text on the opposite page.

"The Little Boy and His House," by Stephen Bone. (Dent.)

A little picture book about houses all over the world in lovely clear colours.

"First Books." (Collins.)

A series of books produced with very fine colour photographs of simple objects: little or no text. First things, "An Animal Tour," "Farmyard Book," "Circus Book," etc.

Children love big books full of pictures, but they are also very fond of intimate tiny books, such as those of the Beatrix Potter series. A child can tuck "The Tale of Benjamin Bunny" under his arm and scamper off to a distant corner, and browse

over it to his heart's content. The book is so small that it is easy to handle, and if it is lost or destroyed it is easy to replace. From an early age children enjoy owning and handling books. Let them have a proper place where they can keep their own books, and teach them to handle books carefully, then they will not be so likely to turn your shelves topsy-turvy.

Small Picture Books

"The Tale of Benjamin Bunny," by Beatrix Potter, with coloured illustrations by the author. (Warne.)

There are many excellent tales in this series—"The Tale of Peter Rabbit," the "Tale of Jemima Puddleduck," the "Tale of the Two Bad Mice," etc. All have been nursery favourites for many years, and deservedly so: for the stories are simple and the water-colours beautifully clear.

Leslie Brooke's Little Books—"The Three Little Pigs," "The Story of the Three Bears," "The Golden Goose," and "Tom Thumb." (Warne.)

Nursery tales re-told with really good illustrations, full of the homely detail that children love. Favourites since they were first published over 40 years ago.

Randolph Caldecott's "Collection of Pictures and Songs." (Warne.)

The centenary of this author's birth was celebrated in 1946, but Caldecott's work remains as fresh and interesting to children to-day as on the day it was first published. The miniature edition in four volumes is charming and very popular with young children.

"The Story of Black Sambo," by Helen Bannerman. (Chatto.)

An old nursery favourite. There are several others in the same vein by this author.

"Polly and Jane," "Polly Goes to School," "The Picnic," "The Christmas Tree," by Helen and Margaret Binyon. (Oxford.)

A most attractive series of small books about the every-day happenings of children, with illustrations in good colours.

“Puffin Picture Books.” (Penguin Books.)

These little books are a marvel of cheapness and good production. Two suitable ones for this age are:—

- (1) “The Story of Ming,” written and illustrated by Chiang Yee. The story of a giant panda, with very fine, highly stylised Chinese drawings.
- (2) “Animals of India,” by Arnrud Johnston. Fine coloured drawings of the wild animals of India with a simple text.

“Angus and the Ducks,” by Marjorie Flack. (John Lane.)

The adventures of a young dog, told with bright pictures.

“Little Tim and the Brave Sea Captain,” “Tim and Lucy go to Sea,” by Edward Ardizzone. (Oxford.)

This is a miniature edition, very well produced, of these two excellent stories.

“Johnny Crow’s Garden,” “Johnny Crow’s Party,” by Leslie Brooke. (Warne.)

Ridiculous rhymes and funny pictures about the animals that come to visit Johnny Crow. Beloved by all children.

“The Little Grey Rabbit Books,” by Alison Uttley, with illustrations by Margaret Tempest. (Collins.)

A good series of small animal books.

Story-telling

Story-telling is a source of inexpressible delight to young children. They like the companionship of grownups, they like to be talked to, to be treated as small persons of importance. They are very easy to please. Below is given a list of books to be read aloud. Children will enjoy these, but you can easily make up stories yourself, and often your home-made yarns are the most appreciated of all. Every child likes hearing stories about himself, stories that begin “Once upon a time there was a small boy called Johnny.” He has a great sense of the dramatic, and he’s quick to recognise himself in the story. There is a further advantage: it is easy for a child to accept comments on his behaviour or misbehaviour if they are presented to him with wit and humour as a story. He grasps the point at once, and

he'll often make most amusing replies. He enjoys, too, hearing tales about his father and mother when they were very young, and stories about animals, so you should have no difficulty—you have a ready source of stories at your finger-tips. The more you talk to your child, the more quickly he will learn to speak, so don't restrict yourself just to bedtime stories—make up stories for him at any odd moment of the day when you feel in the mood. The time spent in washing up or doing the household mending soon goes if you spin a yarn while you are doing it.

Children soak up stories like a blotter does ink. They listen with a keen delight, they question you about new words, they learn all sorts of things about the world they live in. The nursery rug has great possibilities once a child has heard about the Magic Carpet. They love marvels and pageants, the touch of a magic wand: they love stories in which animals act and talk just like everyday people. Later on stories must stick to facts, but in these early years phantasy is just as important as fact. This is the age of romance.

Children like hearing stories about other children. They have their everyday routine and their behaviour problems, and it's interesting to hear that other children are made in much the same fashion. Morality books were overdone in the Victorian age, but children still appreciate stories with a moral, provided that there is a nice cosy catastrophe that befits the situation. A moral tacked on to the end of a story soon comes adrift and gets forgotten. If you want it to be remembered, it has to be of the very essence of the story, and if the pill is given a nice sugar coating of fun and laughter, so much the better. Every child thoroughly enjoys the *Cautionary Tales* of Hilaire Belloc, where the meaning is driven home by grotesque and laughable pictures.

When you go for a walk with your child, talk to him and show him everything of interest—birds' nests, birds, butterflies, caterpillars, wild flowers, then in the evening make up stories about them, and show him pictures of them in books. All very well, you may say, but I live in an industrial area and I never see such things. But that doesn't matter: there is still plenty to interest a child—horses pulling milk carts or brewers'

drays, cats and dogs, pigeons and sparrows, a street barrow full of oranges, a train speeding along an embankment. Feeding a child's growing sense of wonder, pointing out to him and sharing with him the interesting and amusing things of everyday life—this is real education. Education does not begin when the child is old enough to go to school: it begins in the home, and anyone with a natural flair for young children can help. I would far rather see a child brought up by his father and mother in this fashion than left to fend for himself in early childhood and given an expensive school education later.

When children begin to ask questions, it is good to have some general knowledge books by you, for you never know what the little demons will ask next. When they come to you with an absolute poser, a good answer is: "Let's look it up in that book," for then you are teaching your child to use books as a source of knowledge. (And, incidentally, you will learn a lot yourself!) You will want a good natural history book full of straight facts about Nature, and books full of information on ships and trains and aeroplanes and building bridges—subjects you may think far from exciting but full of fascination for a young child. Wherever his interests may lie, do your best to find him a book full of good photographs to whet his appetite for more.

A final word: if you can't afford books, go and see the librarian at your local public library. Most of them keep a large stock of children's books nowadays, and they will be only too pleased to help you.

Fairy Tales

"Fairy Tales," by Hans Andersen. (Oxford.)

"The Blue Fairy Book," by Andrew Lang. (Longmans.)

"Grimms' Fairy Tales." (Oxford.)

"The Ten Minutes Story Book," compiled by Kathleen Lines, with illustrations by Winifred Marks. (Oxford.)

"Fairy Gold." A book of old English fairy tales, chosen by Ernest Rhys. (Dent.)

"Fairies and Enchanters." Old English fairy tales collected by Amabel Williams-Ellis. (Nelson.)

Stories about Children and Animals

"The Story of Dr. Doolittle," by Hugh Lofting. (Cape.)

The first and the simplest of the Dr. Doolittle stories, in which the doctor gives up attending "the best people" to become the friend and healer of animals. A nursery classic.

"Uncle Remus," by Joe Chandler Harris. (Routledge.)

Another nursery classic.

"The Yellow Cat," by Mary Grigs. (Oxford.)

"Cautionary Tales for Children," by Hilaire Belloc. (Duckworth.)

"Alice's Adventures in Wonderland," by Lewis Carroll. (Macmillan.)

"The Jungle Book," by Rudyard Kipling. (Macmillan.)

"The Just-so Stories," by Rudyard Kipling. (Macmillan.)

"The Wind in the Willows," by Kenneth Grahame. (Methuen.)

"Aesop's Fables," translated and illustrated by F. C. Tilney. (Dent.)

Nursery Rhymes and Poetry

"Mother Goose," illustrated by Kate Greenaway. (Warne.)

A very old nursery classic, with delicate Victorian drawings.

"The Land of Nursery Rhyme," as seen by Alice Daglish and Ernest Rhys, illustrated by Charles Folkard. (Dent.)

A very well chosen anthology with excellent print and illustrations.

"Peacock Pie," by Walter de la Mare, with illustrations by Edward Ardizzone. (Faber.)

A charming edition of an author who knows how to write for little children.

"A Child's Garden of Verse," by Robert Louis Stevenson with illustrations by Hilda Austin and Leonard Cotterill. (Harrap.)

Beloved by all children.

"Ring o' Roses Nursery Rhyme Book," illustrated by Leslie Brooke. (Warne.)

A good first choice for little children, with pleasant coloured pictures.

"The Nursery Rhyme Book," by Andrew Lang. (Warne.)

"The Cambridge Book of Poetry for Children." Selected by Kenneth Grahame. (Cambridge University Press.)

"When We Were Very Young," by A. A. Milne. (Methuen.)

The Bible for Children

"Bible Stories from the Old Testament," written and illustrated by Maud and Miska Petersham. (Dent.)

There are four in this series—David, Joseph and his brethren, Ruth, and Moses. The print is excellent, the writing simple and straightforward, the illustrations superb.

Singing to Little Children

In the more spacious days of the past children were sung to sleep with lullabies, but nowadays we are told children ought to drop off to sleep of their own accord. Lullabies have suffered a sad decline, and this, I think, is a great pity. Nothing can be better for a child than to drift drowsily into sleep to the sound of his mother's voice singing the songs of the day, snatches from opera, dance tunes. He grows up with a background of music long before he has made his first contact with the printed page. A sense of rhythm carries over long after those early tunes are forgotten. It makes no odds if his mother can sing well or not—that's not the point. The child is delighted, and that's all that matters.

All very well, you will say, but what am I going to sing? It makes very little difference, as long as you are happy and you enjoy singing and the tune goes with a swing. A little later you will be starting what one might call action songs, nursery rhymes like "Patacake, patacake, baker's man," where the baby suits the action to the rhythm, clapping his hands to the first beat of the bar. Little children have a natural feeling for rhythm, and they enjoy this enormously. Then come the nursery rhymes, the old favourites like "Miss Muffet," and

"Hey Diddle Diddle" and "There was a Crooked Man": and a little later the folk songs of the country in which you were brought up, and simple carols.

Nursery Song Books

"The Oxford Nursery Song Book," edited by Percy Buck. (Oxford.)

All the accompaniments in this book and in the others given here are extremely simple.

"Music for the Nursery School," by Linda Chesterman. (Harrap.)

"The Baby's Opera," by Walter Crane. (Warne.)

Old nursery rhymes framed with charming coloured illustrations, with very simple tunes.

"Singing Games for Young People," by Mary Jacob and G. T. Francis. 2 volumes. (Oxford.)

Simple tunes to be played with action games.

"A Child's Book of Carols," by Herbert Foss. (Oxford.)

"Songs of Praise for Little Children," edited by Percy Dearmer, R. Vaughan Williams, Martin Shaw, and G. W. Briggs. (Oxford.)

A very nice small edition, together with a few prayers suitable for this age.

"What the Children Sing," a book of nursery songs and rhymes with the traditional tunes harmonised by Alfred Moffat.

"British Nursery Rhymes," by Moffat and Kidson.

A very old favourite of the author's.

"My Rainy Day Book," by Elsa Beskow and Anna Warburg. (Harrap.)

CHAPTER X

HOLIDAYS, TREATS AND PICNICS

EVERY child needs a holiday from time to time. A change of air, a change of scenery, new faces to see, new people to talk to, new places to explore—all these enliven the wits and give vigour to the mind. Everybody knows that ugly feeling of staleness, the monotony of a dead level existence: everybody has felt his spirits rise when the time for a holiday comes round.

Whether they go to the country or the seaside doesn't make much difference: the important point is that they should have complete freedom. Life on a farm is free and easy. Fresh milk (which in the country must *always* be boiled), butter, eggs, fruit and vegetables are usually plentiful: there is much to interest a child—chickens to be fed, cows to be milked, haymaking, etc.—and he can roam about the countryside in complete safety. This sort of holiday is obviously better than one spent at a cheap seaside hotel or boarding house. The seaside, however, has the great advantages of fresh sea-breezes, paddling, bathing, and making sand castles. Life can be spent in a bathing costume, or an abbreviated pair of shorts and a pullover. You have to be careful to see that children don't overdo things in the first few days. From being cooped up in towns and cities, they will spend hours on the sea-shore in the full blaze of the sun, and this sudden change makes them peevish, fretful and sleepless. It is wise, then, to allow extra rest for the first 2-3 days, and only a short time on the beach. Air at the seaside is very stimulating, and sunlight very powerful and glaring between the hours of one and four, so it is a good plan to let your child have his usual afternoon nap quietly at home, and then to go on the sands later in the afternoon. Don't omit the midday nap because your child is on holiday: he needs it more than ever.

After a few days begin sea-bathing. Put the child into a

bathing costume and let him splash about in shallow pools or at the sea's edge to his heart's content. Let him make friends with the sea by himself. Don't force him into the water, or you will scare him. At the seaside you will sometimes see an athletic father wading out into quite deep water with a struggling child in his arms, but you will notice that the child is often frightened and crying to be put back on the shore. This is no way to teach a child—it simply destroys his nerve. Don't teach him to swim too early, unless he obviously adores the sea, and when he does make his first attempts, stand by him to give prompt help and encouragement. Too much sea-bathing leads to languor and a feeling of slackness during the summer holiday, which may persist long after it is over, so don't allow too many bathes. Cold, blue, mottled arms and legs show that your child's response to cold is poor—he should have come out of the water long ago.

When taking a child on a short railway journey no special precautions are necessary, but many children will suffer from sickness, digestive upsets and fretfulness if the journey lasts 5-6 hours or more. In this case a little extra care is well worth while. Make sure that the child has a good night's rest the night before, and next morning give him a light breakfast, avoiding anything in the way of fat. 1-2 oz. of glucose added to a fruit drink and given before starting on a journey are often useful in warding off sickness, and there are various sedative tablets which your doctor can prescribe. No irregular meals should be offered on the train: indeed, biscuits, sweets and fruit given frequently on the journey to keep the child quiet are a common cause of train-sickness. Don't take him into the restaurant car, but arrange for a snack lunch in your own compartment. Thin egg and cress or Marmite sandwiches, sponge fingers, plain cake and fruit make an adequate meal, together with a drink of cold milk. Milk soon turns bad if tepid, so take it with you in a Thermos very cold. Don't give much food, and don't let him accept food from strangers. If they offer him a chocolate or fruit, thank them very much but ask if you may keep it till his next meal. A child soon gets thirsty, however, so take a bottle or two of cold water and a few cardboard cups. Don't let him look out of the windows too much. Take a



BACK TO NATURE.



MERMAIDS.

picture book for him when he begins to tire, or perhaps a few small toys or some paper and crayons. Keep to his usual routine as far as possible, and don't let him miss his midday nap. On arrival give him a light tea, and pack him off to bed early after a warm bath. The two days of peevishness known as "getting over the journey" can often be prevented by the judicious use of one or two teaspoonfuls of Milk of Magnesia given the same night.

Treats and Picnics

A child loves to share good times with the grownups. He loves the traditional touches to the various festivals of the year—Easter eggs, hot cross buns on Good Friday, Christmas pudding, the Michaelmas goose, bobbing for apples on Hallowe'en. He likes to share in all the plans for the great day, he likes the excitement of stirring the pudding, of helping with the mince pies, of putting up the holly and mistletoe and decorating the Christmas tree. All this makes Christmas an unforgettable time for a child, something he will look back to with pleasure all his life.

Then there is his birthday, with a candle on his birthday-cake for every year of his age—that is the only thing that really matters. It is worth going to a lot of trouble to make the day stand out. That does not necessarily mean expense, but just that little extra touch—a gay tablecloth, little coloured paper serviettes, that favourite dish of his; and, of course, presents. If his birthday falls in the summer, he'll want that picnic in the woods or in the hayfields, always to the same favourite spot, with a basket of cookies and some ginger-pop. Of course you shouldn't be content with Christmas and birthdays: you can make an occasion of Midsummer Day, or Michaelmas Day, or Hallowe'en, or any saint's day you fancy, something that he will treasure up in his mind long after he has grown to be a man—red-letter days, days when it was good to be alive and feel part of the family. Any excuse for a party—that is almost the way to look at it: a party when the first strawberries come in, another to celebrate the arrival of old friends.

Theatres, cinemas, circuses and pantomimes are usually too exciting for children under the age of 5. They are often literally

sick with excitement: besides, there is the added risk of picking up coughs and colds and infectious diseases such as measles and whooping cough. These delights are better left till later, or at least only indulged in on rare occasions—perhaps at Christmas time or on his birthday. Picnics in the open air—in a boat, in a hayloft, on the sands—these are more to the point.

Holidays Abroad

“Out of my country and myself I go,” sang the poet and it is very true that holidays abroad are a wonderful tonic to parents and children alike. The certainty of sunshine, the unfamiliar sights and sounds, the novel and delicious food and drink, the happy-go-lucky atmosphere, the fun of grappling with new ideas and words—these all combine to make a holiday abroad live in the mind when other places are lost in the limbo of forgetfulness. Children travel well by land, sea and air, and as long as you see that they still have their proper rest and sleep and that their food is not too rich, there is no reason why you shouldn’t try France or Switzerland, Holland or Belgium, for your next summer holiday. In a few weeks a child of 4 or 5 will be picking up words and phrases, in 2–3 months he is astonishingly adept, already quite a linguist.

CHAPTER XI

SPEECH

It is fascinating to watch the development of that most human of all activities—speech. At first the young baby can say nothing—the muscles of his lips, palate, vocal cords, his brain and nervous system are still too immature. He can do nothing but cry: that is his sole means of expressing his wants. But by the age of 2–3 months his lips have gained new strength from sucking, and now begins his first sound—M. A little later comes the palate sound, a hard G, then the nasal sound—N. Somewhere about the 6th month appear the first teeth, and from exploring these teeth with his tongue the baby discovers the dental sound—D. Ma, Ga, Na, Da—these are the root sounds of baby language all over the world, and from these the baby learns the first beginnings of speech, be it English, French, Chinese, or the strange languages of the South Sea Islands. Mothers and fathers and nurses all over the world identify *themselves* with these syllables, and that is the origin of our words Mummy, Daddy and Nannie.

During the early months babbling, the experimental play with sounds, gives a baby great pleasure. He is fascinated by the curious sounds he makes. They are full of meaning to him. He will lie and listen to the sound of your voice and then copy its rising and falling inflections, and the more you speak to him, the more he'll answer you as best he can. Babies are sociable creatures—they don't like to be left on their own too long, so when your baby is awake and wanting to talk, make him comfortable on a sofa or tucked up in an armchair, and talk to him while you get on with your household duties. He will love it, and he will be quick to speak. Blossoming out into words depends very much on your talking to him and taking an interest in him.

By the age of 1, he begins to associate a sound with a person or an object, and he has a vocabulary of 2–3 words. He has learnt to wave "bye-bye," and now he carries on long conversa-

tions with himself in his own peculiar jargon, developing his vocal cords and practising language. At 18 months his vocabulary has increased to 5-6 words, but he uses a word as a sentence, helped out by tone and gesture. At this age he responds best if you speak to him in the same fashion, in a single word or a short phrase. He will understand "out?" better than "do you want to go out?" One word covers many situations. "Bye-bye" he takes to mean "that's the end of that". It doesn't matter whether it means there isn't any more pudding, or it's time to put his toys away for the night. The meaning is clear to him anyway. He is too young for pronouns. It is better to say "Johnny" and "Mummy" than "you" and "I". Speak distinctly and emphasise your words with gestures, and don't indulge in baby talk, which sounds soft and senseless. The better you speak to him, the quicker he'll learn. Children from poor houses where the little speech they hear is sloppy and indistinct have a very limited number of words at their command: children from good homes often know ten times as many.

By the age of 2 he has learnt that everything has a name, and he can string together short sentences of 2-3 words. The vocabulary varies enormously from child to child, depending on his natural brightness and on the opportunities for talk. The solitary child is apt to talk late, the youngest child of a growing family early. Laughter and fun make a world of difference. Many bright children chatter away early, but this is not always so: sometimes they have found out that they can get what they want without the use of words, so they just don't bother to talk. It is still best to suit your words to the level of his understanding. "Now Johnny have it" spoken with emphasis, is clear to him, and it is best to dramatise situations: "Bed for dolly then bed for you" is better than saying "Put your toys away and get ready for bed".

At 2½ the child goes through a transition stage: he wavers between two alternatives and like as not he finishes up by saying No. He likes to do things in the old familiar way, and yet he wants novelty. One moment he is asserting his independence—"Me do it!"—the next he wants you to come to his rescue. He needs guidance. His vocabulary is increasing rapidly and now

he understands all that you say and can express himself clearly, though grammar comes only with difficulty. He strings words together like pearls but nouns and verbs and pronouns are all jumbled up. This is the time to begin teaching him simple nursery rhymes. Read fairy tales to him and let him join in with the words he knows. Let him learn the words for the things he sees and touches, for the eye is a great teacher. When he has heard the word, he'll learn it by repeating it constantly, perhaps to your despair, but that's his only way of making sure that the word sinks in. Some days are bound to be stormy, the child awkward and unmanageable, saying "No" to everything, full of tears and strife. This is the time when you have the devil's own time to keep your sense of humour—but you must, remembering always that you cannot have spring without April showers. He needs to be dealt with gently through this phase. Sometimes you can jolly him out of his "No, no" by laughing and saying "Yes, yes": by thinking of something fresh and interesting for him to do.

Development of memory has made big strides by the time the child is 3 years old, and his vocabulary is increasing. Grammar comes only with difficulty, but now he is interested in words. He is constantly asking "What's that?" When you have told him, he will practice the word over and over again until he has got it perfectly. He will like the feel of words in his mouth. Often he will say "What's that, Mummy?" when he knows the answer perfectly well. It is best to humour him and say: "You tell *me*." He will often respond well to questions and demands when spoken in a whisper. Direct commands he may refuse, but commands put in a graceful way—"perhaps you could do this for me"—he will often obey with alacrity. He likes running errands. He has imaginary conversations with the cat, he enjoys dramatising situations, for now make-belief is playing an increasingly important part in his life.

When he is 4 years old, sentences begin to lengthen out. He demands reasons for everything. "Why?" and "How?" are his favourite words. This is the age of questions, which will go on uninterruptedly until the child is five. More adjectives, adverbs and prepositions are added to his stock in trade, and now he enjoys comparisons and wild exaggerations. "Is your father

big?" "Yes." "As big as the sky?" He enjoys tall stories. He likes making up nonsensical words: he'll repeat them several times with slight alteration and then burst out laughing. His imagination is beginning to run riot, and he tumbles over words in his haste.

What should you do if he pronounces words wrongly? First make sure that you speak the words rightly yourself, and don't be too quick to pull him up. Certainly don't copy him, or he may think he has been very witty and say the word wrongly all the more. Naturally you can't help laughing at some of his blunders, but it isn't wise to let his slipshod speech go on. Correct him as little as possible and let your corrections be done with tact and good humour, for many children are very sensitive about their mistakes. They hate to be teased, they hate to be corrected laughingly in front of strangers.

Many children are shy and tongue-tied in the presence of strangers. If your child is brought into a room full of visitors, let him say "How do you do?" politely, and then if he seems rather overawed by the company present, let him run off and play. Don't prompt his replies in the hopes of making a good impression. If he is asked has he had enough to eat, don't answer quickly and brightly: "Yes, we've had quite enough, haven't we, darling?" for this embarrasses him still more. Much better let him speak for himself: or if he's overcome by shyness, just say "I think he has." A little reserve is natural and normal to young children, and only a very stupid person should take exception to it.

At 5 years old the child is something of a finished product on a miniature scale. His speech is clear and distinct, though the thought behind the words is still very immature. He may confuse R and W sometimes and have difficulties with TH, but then so do most foreigners. In the short five years of his life he has epitomised all the evolution of many thousands of years of speech. He is a small boy on the threshold of life.

Retarded Speech

There are many reasons for retarded speech:—

- (a) Some children come from homes where they lead a solitary life, where nobody laughs and talks with them.

- With a little more mothering they blossom out into speech very quickly.
- (b) Sometimes a child has his wants attended to so quickly that he doesn't need to explain his wants by talking. He's just being lazy, he needs a gentle prod.
 - (c) You will sometimes see a child who has learnt to speak quite well, and then he seems to forget it all. His attention is focused on more interesting things—on walking, on new people and new faces—and he simply can't do two things at once. All he needs is time—there's no occasion for anxiety.
 - (d) Severe illness may put speech from a child's mind, and not until he is fully recovered will he show any further interest in words.
 - (e) Children who are made too much of and treated as playthings by their parents may become resistant and take refuge in silence. They need to be left more to their own devices, to see more of children of their own age.
 - (f) If left to themselves, many children are naturally left-handed. They are learning two things at once—to handle a spoon, and to talk; and if you persist in attempts to make the child use his right hand, you may distress him so much that he refuses to speak or begins to stutter. It is better to let him go on being left-handed for the present, to give him time to change over to the use of his right hand.
 - (g) Some children, with perfect normal intellectual development, are simply late starters: others are retarded in speech because they are mentally backward, or deaf. If there is any doubt about the child's hearing or mental development, don't hesitate: take him at once to your doctor, or to a children's specialist.

Stammering

Stammering is a grave affliction, taking all the savour out of life, making the sufferer bashful and self-conscious, afraid to go out, afraid to meet other people, keenly alive to ridicule. The life of an inveterate stammerer is one of such misery that a young child has been known to throw himself passionately on the

ground and ask his mother how to die. Yet much can be done to prevent stammering, once the causes are clearly understood.

Stammering early in life is often due to the child in his excitement trying to talk so fast that he trips over his words, the way that he stumbles and falls if he tries to run too fast. This is very likely when he's tired and out of sorts. Stop him gently and get him to say the words again properly. Don't laugh at his mistakes—that is bad manners and quite rightly resented by most children; but don't let him go on speaking without quiet correction. And don't mimic his stammering, or he will think it funny and do it all the more just to show off.

The force of imitation is another cause of stammering. An elder brother, after an exhausting illness, may begin to stammer; another younger brother just learning to talk may think it amusing to copy him. He'll probably grow tired of it and grow out of it quickly enough, but don't let him go on with his faulty words. Sometimes small epidemics of stammering will occur in nursery schools or in a family, serious enough to force you to separate the chief offenders from the others.

Stammerers are mostly nervous children, keen, emotional, full of fears, prone to night-terrors, bed-wetting and nervous muscular twitchings. And this general nervousness is exaggerated by poor health, malnutrition, operations and exhausting illnesses such as whooping cough and broncho-pneumonia, exaggerated too when the child's vitality is at a low ebb. The child that stammers is usually quick-witted and sensitive, easily embarrassed by visitors, keenly alive to ridicule of his very imperfect speech. If he lacks confidence in himself, he will lack confidence in his powers of speech, especially in the presence of strangers. *The stammerer thinks that the person who is listening to him is criticising him.* If he is alone he does not stammer, for there is no need to be afraid; nor does he stammer if he sings or whispers, or if he recites nursery rhymes or poetry, for then the words come in an easy flow. But though you may notice only a few defects in his speech, *every* sound made by a stammerer is made more or less wrongly. There are cramps and spasms and overtension of all muscles concerned with speech, and so the child develops a queer voice—strained, unnatural, monotonous. This lack of nervous control is due to lack of

confidence, fear of the ridiculous, and mental flurry—all of which you can prevent, given patience and courage and resource.

How are you to set about it? First make sure that your child's bodily health is really good. Get your doctor to give him a thorough general overhaul, with particular regard to the ears, nose and throat. The avoidance of undue fatigue, proper food, exercise and sleep, a good holiday in the country and an iron tonic will often work wonders in a child who is getting nervous and irritable and beginning to stammer. Next, rid the child of his fears. Reproof and scolding are worthless. Forbid all bedtime stories that deal with witches, ghosts and giants. If he's naughty don't threaten him with dreadful things that may happen to him in the dark: don't punish him by threatening to lock him up in the dark cupboard on the stairs; don't tell him rubbishy lies about policemen or sweeps who will carry him off unless he's better. Though you may not think it, such stories often strike terror into his childish heart. A knock comes at the door—maybe only the postman—and he will quake and fear the worst.

Avoid baby talk. Speak to him quietly and distinctly, and if he has occasional lapses, ignore them. Let him feel that he has a mother who understands and sympathises with him, let him feel that he will soon manage those difficult words that now trip him up and he will soon regain his self-confidence. Every day you should take a book—a favourite fairy tale or rhymes like Hilaire Belloc's "Cautionary Tales"—and read to him. Let him say the words with you, then gradually drop out till he is left entirely on his own. Encourage him if he has done well, and let him see how pleased you are with his efforts, and even if he has made a lot of mistakes, be tactful and don't mention them. Books, fairy tales, nursery rhymes, songs—all are useful. Shyness and diffidence can also be got over by such games as "Snap!" If there is any difficulty over one letter of the alphabet, such as the letter S, you can make out a list of words with S at the beginning, S in the middle, and S at the end. Get your child to say the easy words first, then work up gradually to the more difficult, always encouraging him.

You may be at your wit's end, completely tired out, in urgent need of rest yourself. The best thing you can do then is to get

the child right away into the country, to some friend or relative. If you cannot think where to send him, the Lady Almoner at your local hospital may be able to help you, or the Invalid Children's Aid Association. Life on a farm is often the right answer, and they will probably be able to put you in touch with country folk who will take the child for a few months.

There are now many people highly qualified to deal with the speech defects of childhood. There is a College of Speech Therapists—the address is given in the appendix—who can put you in touch with the best expert in your neighbourhood. Stammerers have a fixed, unnatural, monotonous tension in their voices. What they need is an easy flow in their speech, and for this regular breathing exercises and relaxation are excellent. There should be no sense of stress, no tensely contracted muscles, for exercises which strain too much after correct voice production may easily defeat their own object.

To sum up: do all in your power to stop your child from becoming a stammerer, and if you can't tackle the job yourself, don't wait. Get your doctor to help you.

Lisping

The essence of lisping lies in the substitution of an easy sound for a difficult one: this may be W for R, TH for S, or Y for L. There are several reasons for it. In some cases it is due to the inborn defect of harelip and cleft palate, in others it is just laziness and negligence on the part of the child—he hears perfectly well, but he simply can't be bothered to pronounce his words properly. And sometimes he is just copying somebody else's defective speech—a relative perhaps, or a nurse, or another child. Some children indeed will carry their defective speech to such lengths that they become almost unintelligible to the casual listener.

What should you do? Talk sensible, grownup language and speak clearly and distinctly to him. Grownups often slur their speech and the child doesn't really catch what they are saying. Don't make too much of an issue of it and keep on correcting him. He will only get disheartened. It isn't what you say, it's the way that you say it that matters. If he's copying another child, you had better separate them for a while.

CHAPTER XII

THE CARE OF THE EYES AND TEETH

DURING the first few months of life babies use their eyes independently, and it is only as the nervous system matures that they learn to look with both their eyes at once. Once twin vision is well-established it is rarely disturbed, but this takes time, and during that time, if the child falls ill, the delicate adjusting mechanism may easily be upset and a squint appear. For example, a squint may develop during teething or after an attack of pneumonia. This may be temporary—indeed it is usually so—but it is a warning that the control of twin vision is still far from perfect. Sometimes a child is born with better vision in one eye than in the other. He tends to cock his head on one side, to peer forwards with his good eye, using it continually at the expense of the other eye, so the weaker eye gradually drifts into a position of disuse, i.e., into the squinting position.

Get proper advice soon if your child squints. Take him to your doctor, and ask for a letter to the eye department of your nearest hospital, or to an eye specialist.

Foreign Bodies and Injuries to the Eye

If dust or grit get into the eye, bathe the eye gently with weak boracic lotion. (You can always buy the standard solution—Coll. Acid. Bor.—from your chemist.) A young child is too frightened to use an eye-bath, so your best plan is to lay him on his back, with his head tilted to the bad side, with a towel doubled up under his head. Wash your hands well, pour some boracic solution into a clean saucer, soak a good-sized piece of cotton wool in it so as to make a good stream, then squeeze it in a steady flow into the inner corner of the eye, letting it trickle out at the outer corner. Do this several times, then dry the eye with a clean handkerchief. If there is no improvement in a few hours call in your doctor. A piece of grit

can easily damage the front of the eye (the cornea) and give rise to an ulcer, and this needs active medical treatment.

Eye injuries, e.g., blows on the eye, cuts from flying glass, burns, etc., are often serious, so make no attempt at home treatment. Take your child to a doctor or to a hospital at once.

Styes and Inflammations

A sty is a tiny abscess at the root of an eyelash. Treat it several times a day with pledgets of cotton wool soaked in hot boracic solution (you can buy the standard solution, Coll. Acid. Bor. at your chemist) and then the sty will come to a head quickly. Healing is usually rapid once the abscess has burst and discharged a drop or two of pus. Nothing more is necessary though if the sty is a large one it may be better for your doctor to prick it with a sterile needle.

Frequent styes are a common sign of overnutrition, so make sure that your child is kept to three simple meals a day with nothing in between, as described in Chapter II. Sometimes the error lies in giving too much fat (i.e., milk, butter, eggs, cheese, bacon, fried foods, etc.) but more commonly too much sugar (i.e., sweets, chocolates, toffee, ice cream, soft drinks, etc.). A little antiseptic eye ointment (your doctor will prescribe this) should be rubbed into the eyelids every night, and the child should be encouraged not to rub his eyes, for this will only re-infect the eyelids. In bad cases a fortnight by the sea will often work wonders.

Sometimes the lining of one or both eyes becomes acutely inflamed, red and angry, and there is a yellowish discharge of pus which tends to gum the eyelashes together, particularly during the night. This is acute conjunctivitis ("pink eye"), an acute inflammation, highly contagious, easily spread from one person to another by the use of handkerchiefs and towels, especially in schools. The treatment of this disease has been revolutionised by the use of penicillin eyedrops,* so ask your doctor for his advice.

Eye Strain

Prevention is better than cure, so all close work which strains

* Other powerful antibiotics may suit the case even better.

the eyes should be avoided during the first five years of life. Print and designs and pictures should be large and bold, and reading in a bad light, especially by the light of a guttering candle, should be banned.

During the summer months a child can usually run about bare-headed, but on days when there is a lot of sun-glare, as on a seashore in August, a shady hat will protect the eyes and add to a child's comfort.

If you are uncertain about your child's eyesight—if he screws up his eyes and blinks, if he complains of headaches, if he is constantly frowning and rubbing his eyes—take him to your doctor and ask for a letter to the eye department of your nearest hospital, or to an eye specialist. Don't go to a quack who promises cure without glasses, and don't buy glasses at some chain-store, for serious damage may be done by buying glasses that are quite unsuitable.

The Care of the Teeth

Most children have cut six front teeth by the age of one. Some may have as many as 8 or 10; others, perfectly fit children but late developers, as few as two. Although the date of cutting the teeth varies greatly, most children cut their teeth in the same order—first the lower front teeth, then the four upper teeth, after which there is often a pause of several months before two more lower front teeth appear. Then four more teeth appear near the back, two in the lower jaw and two in the upper jaw: a little later four "eye teeth", two upper and two lower: finally four back molars. This completes the set of 20 milk teeth, and they are usually all through by the age of 2½.

Teething produces nothing but teeth in the healthy child. Possibly a child may show flushing of one cheek when he is cutting a back tooth, he may go off his food temporarily, perhaps sleep less soundly and appear distressed at times with little twinges of pain, but that is all. Most teeth appear silently, casually, innocently, in the healthy child, and the better his diet and care and general management the less likely are you to witness any sign of "teething troubles". It is quite abnormal to cut teeth with bronchitis, with diarrhoea or an ear discharge. It is a clear warning that your child is on the edge of a break-

down if it requires only the tiny stimulus of an erupting tooth to precipitate a crisis. (The slightest touch on a trigger will fire a gun, but not unless the gun is loaded.) It is the catarrhal child, the fat and flabby, pale and overweight child, the child with a tendency to asthma or eczema, who has trouble. Such children, often considered fine bonny children by their friends and relatives, may have bouts of fever every time they cut a tooth, for they have lost their immunity and fallen an easy prey to infection. But healthy children do not become infected so easily. To put down odd feverish attacks to "just teething" and to do nothing about it is a dangerous practice, for many illnesses, curable if diagnosed and treated at any early stage, have been left too late, and the child has become seriously ill, often fatally ill, in consequence. It is much better to remain firm in the belief that teething produces nothing but teeth in the healthy child.

No treatment is necessary beyond giving half an aspirin if the child seems in pain, and seeing that all his food is well mashed up, so that there is nothing to irritate the mouth. Teething powders should *never* be given, for plenty of serious cases have been reported from their long-continued use. Let your child take things easily for a day or two. Halve his food and double his drinks, always remembering that milk counts as a food and not as a drink. If he refuses a meal or two, don't panic—it will do him no harm. Just bide your time quietly. If, however, your child has obvious trouble (e.g., an attack of bronchitis, diarrhoea, or convulsions) every time he cuts a tooth, then you should be on your guard and consult your doctor. Meanwhile go into every detail of your child's daily life—food, drink, exercise, fresh air, etc. The gun is loaded: you have been warned.

Bad teeth in adult life are extremely common, so common as to be almost the rule in some industrial areas of Britain. They are the source of much suffering, they are unsightly, and enormous sums are spent every year in removing them and replacing them with dentures. Can nothing be done in childhood to prevent all this?

Certainly. Enough is known about dental decay to say with certainty that no child and no young adult need have the

slightest trouble with their teeth. Well then, you may ask, If this is true, why has not something been done about it? The answer is, that it is extremely difficult to drive simple facts home to the mothers who stand in most need of help, for few ever read a book on the care of young children and go by its teaching, few even trouble about their children's teeth—"they are milk teeth anyway, and they're sure to drop out one day, so why worry?" sums up the opinions of many mothers. Doctors and dentists and all interested in the advancement of knowledge have always to face the twin foes of ignorance and apathy. It is not just a matter of money. It is true that sugars and starches are cheap and filling foods, that if you are very poor they must form the basis of your daily food; but almost any poor woman, if she knows the facts and applies them to her child, can keep her children's teeth in perfect condition. It is ignorance, carelessness, and lack of determination that are the main handicaps.

The basic facts on dental decay are these. Food, especially carbohydrate food (e.g., sugars and starches) tends to collect between the teeth and in the crevices on the surface of the back teeth in the upper and lower jaws. Bacteria normally present in the mouth change this sugar and starch into acid, and this acid gradually softens and destroys the enamel of the teeth until a cavity is produced. Once there is a hole in a tooth, the process unless checked will go on until the entire tooth is completely destroyed, a mere cavity of decaying matter. The prevention of decay depends on these simple facts. It lies:—

1. In making sure that the easily fermentable foods (sugars and starches) are not given in excess.
2. In removing all traces of food that has lodged on or between the teeth by the regular use of a toothbrush.
3. In giving a child plenty of hard food to chew upon.
4. In feeding a child upon fresh food, particularly fresh fruits, salads, and vegetables.

Bad teeth are not inherited. Even if the mother has shocking teeth, there is no reason why the child should be destined to have bad teeth too. There is no doubt, however, that if a mother's diet during pregnancy is seriously defective in fresh

food, vitamins and calcium, a baby can be born whose teeth come through with defective enamel, pitted and poorly made, (hypoplasia), and that these teeth are much more liable to decay. A bad antenatal diet is known too to be responsible for many premature births, so it is not surprising that these tiny creatures show an extra susceptibility to dental decay. But this is not true inheritance of disease: if the mother's diet had been perfect, disease would not have occurred.

It is a notorious fact that many of the so-called backward, uncivilised races have perfect teeth, while in this country and most others who pride themselves on their high standard of civilisation, caries (dental decay) is rampant. Why is this? What is Nature's method of preventing dental decay?

The native races with excellent teeth almost all eat a diet in which refined sugars and starches play little part. The details vary with the part of the world in which they live, but they all eat a simple, natural, lightly-cooked diet, with considerable amounts of fresh fruits, salads and vegetables. These tend to dislodge the little particles of food stuck in the cracks and crevices on and between the teeth: they act as Nature's tooth-brushes, and help to keep the mouth clean and sweet. In this country it is the over-refined foods that do the damage—bread made from highly refined white flour, jam, sugar, sweets, toffee, chocolates, mashed potatoes and gravy, porridge and cereals, and soft pappy foods such as bread and milk or rusks soaked in milk. We tend to forget too the hidden sugar in foods such as ice-cream, cakes, buns, doughnuts, jelly, soft drinks such as ginger ale and the synthetic "fruit" drinks, canned and bottled fruits. Indeed in the United States it has been estimated that the average person consumes no less than 100 lbs. of sugar a year!

All dental authorities in the world insist on the supreme importance of cutting down this huge consumption of sugar, all insist that children should be given more fresh natural foods, with plenty of good hard tack such as raw apples or hard rusks to help the natural growth of the jaws and act as natural tooth-brushes. Post-war observation in this country and in many other countries (Italy, Sweden, India) has shown clearly that there was much less dental caries once the sugar and sweet ration had been reduced—in other words, that rationing had

been a blessing in disguise. With evidence such as this it is difficult to be patient with the people who besought the grown-ups "to save their sweet ration for the kiddies". Indeed, much as we all dislike compulsion, a return to strict rationing would certainly mean fewer children with horrible carious teeth. Is it not better to remember the saying: "Sugar is sweet, but a pleasant smile is sweeter"?

The use of the toothbrush should be begun at about the age of two, and continue steadily night and morning from that age upwards. Choose a small brush with hard bristles, and let every child have a proper brush of his own. The particular kind of tooth-paste used is not of great importance—it is the brushing that matters. Since the whole aim of the toothbrush is to dislodge tiny particles of food stuck on or between the teeth, there is little point in brushing across the teeth from side to side. The Dental Board of the United Kingdom publishes a free pamphlet in which the right way to use a toothbrush is taught like a drill. The surfaces of the lower teeth are brushed upwards, the surfaces of the upper teeth downwards, both inside and outside the jaw; and finally the biting surfaces of the upper and lower back teeth are given a good brush. A clean tooth never decays.

One further point: clearly the toothbrush should be used just before bedtime, and nothing whatever should be eaten afterwards. To make a habit of giving a child milk and biscuits in bed, or such things as bread and milk, a bowl of cereal, chocolates, sweets, toffee, or milk with one of the patent foods, is obviously a mistake, for remnants of food will adhere to the teeth all night, and all the good effects of an evening tooth clean will be lost. Tea should be given at 4.30 or 5.30 p.m. for children of one to five, and nothing more should be given after the teeth have been cleaned for the night.

The state of the mouth, teeth and tonsils is a most useful mirror of a child's general condition. A healthy mouth points to a healthy child, while unhealthy teeth and tonsils (and the two clinically are closely allied) are a sure sign of malnutrition. Malnutrition means bad nutrition, not necessarily that the child is underweight; indeed, some children with severe dental caries are fat and flabby and grossly overweight, though con-

sidered fit and well by their parents. Something must have gone wrong with a child's diet and management for him to suffer from carious teeth, and the sensible thing to do is to find out what, so that mistakes can be corrected at once and the permanent teeth spared from going the same way. It is not right to take a defeatist's attitude and blame everything to heredity. Put it down frankly and honestly to your own mistakes—it is the better way.

Bad teeth may be the source of much suffering and lead to:—

1. Toothache.
2. Enlarged glands in the neck, sometimes progressing to an ugly abscess.
3. Chronic indigestion, due partly to the swallowing of infected material from the teeth, partly to the bolting of food because of pain on chewing.
4. Wasting and malnutrition from absorption of septic stuff.
5. Damage to the permanent teeth.
6. Many painful fillings and extractions, perhaps even to dentures necessary quite early in life.
7. Loss of good looks.
8. Shyness and self-consciousness.

Occasionally you will find a child with advanced decay of the upper four central teeth (the incisors) while the rest of the teeth appear reasonably sound and healthy. The decay is first noticed where the teeth enter the gums, and it spreads rapidly round the necks of the teeth until there is a ring-shaped gutter of decay. Sometimes the disease spreads relentlessly downwards until it involves the whole surface of the upper four teeth; sometimes the necks of the teeth are fractured by strong crunching and munching, leaving behind four hideous carious stumps; sometimes the four upper teeth perish almost as soon as the child cuts them. What causes this? And can it be foreseen and prevented?

Certainly. This type of decay is due to the persistent use of a dummy or comforter, often dipped into condensed milk or syrup to stop the child crying. It never occurs if you determine firmly never to have one of these detestable things in your home. Occasionally a mother will say indignantly that her

baby has never had a dummy, but on close questioning she will admit that her baby has gone to sleep night after night with a bottle stuffed into his mouth, left to lie there until it dropped out. Once the decay is widespread, it can be arrested but it cannot be cured—the four upper teeth will drop out before their time; but if proper care is taken, the permanent teeth when they come through will not be affected in the same way.

If a child is really well fed, additional vitamins from a bottle are hardly necessary. If they were, how could native tribes have such perfect teeth? But if caries has occurred or if the diet has been anything but good, there is a lot to be said for small doses of codliver oil or halibut liver oil. Diet still stands first—make no mistake about that. No amount of codliver oil will help a child if you persist in making all the dietetic errors outlined above.

One final point—rabbity teeth. This deformity is not inherited. It is almost entirely due to mistakes in upbringing, and it can be prevented. The deformity is due to persistent thumb-sucking, to the child's bad habit of dropping off to sleep with two or three fingers or the corner of a blanket stuffed into his mouth. Your best plan is to take a firm line, even though it may involve a few nights of struggle. Don't bribe or coax or argue, for none will work. A firm command is much more effective, but since you are asking your child to give up a very old friend of his—his thumb—let him have a cuddly toy to take its place. (*See Chapter 15.*)

A good deal can be done nowadays by wearing suitable plates at night or perhaps by extracting one or two teeth if they tend to be overcrowded to restore a child's mouth to perfection, to ensure that the teeth are beautifully spaced and the bite precise and accurate. This is a job for an expert, and not all dentists care for this type of work, but it is a great boon for any child, boy or girl, to grow up with a perfect mouth and a beautiful evenly spaced set of teeth. Most children do not need this particular form of treatment, known as prosthetic dentistry, but if your child has a mouth that is not perfect it is as well to consult your dentist. He will refer you to an expert if he is not accustomed to this type of work himself.

CHAPTER XIII

THE CONTROL OF BOWEL AND BLADDER

The Bowel

ALTHOUGH by the time your child is a year old you will probably have trained him in proper bowel control, it may be as well to reconsider the whole problem here, for not all children are so obliging and well-behaved. Let us then go back to the early months.

Just before a baby has an action, there is a sudden contraction of the muscles of the intestines, which is uncomfortable: this is the cue for his bowels to act. His feeling of need demands to be satisfied promptly, he cannot wait. He has not yet learnt to associate the act of passing a motion with being placed on his pot. The motions are passed several times a day, at irregular intervals—there does not seem to be any fixed habit. Several months have to pass before his nervous system is mature enough for him to develop control over his sphincter muscles: it takes time too for him to understand what is expected of him. Naturally you will be eager to get your child clean and dry as soon as possible. It is so much more comfortable for him, it saves the endless changing and washing of napkins, it is a sure sign that he is getting past babyhood; so there is a natural tendency to begin this training early. This is all very well if the baby is "easy" and conforms to your wishes, but only too often he seems properly trained and in perfect control of himself, and then slips back into his old "dirty" habits, to your consternation and disgust. You re-double your efforts, but no amount of punishment or scolding or relentless instruction seems to do the slightest good. He resists the pot steadily. This is most exasperating, and your self-esteem suffers a sad jolt when you hear of other babies less well brought up who are clean day and night, and soon you are having a pitched battle with your baby every time he should be having an action.

Now there is no doubt that too much emphasis has been

laid in the past on early training. It is all very well if it succeeds, but if it fails, you must not blame the child—you are forcing him ahead of his natural rate of growth. Remember that no two babies are alike, that some are late starters, and that these are just as normal as those quick babies that hardly need to be taught. There is little point in attempting any serious training until the baby can sit up with ease. This will be at the eighth or ninth month, perhaps even a little later. It takes well-developed back muscles and a nice sense of balance before a baby can sit on his pot with any feeling of security: fear of falling off is a very real thing. The first secret of success then is not to begin training too early. A few more weeks of washing napkins are much better than antagonising your child and having him develop training problems.

The second important point is that you should recognise when he wants to go, and act on it promptly, so begin by watching him carefully for a few days. You will probably find that his bowels act once or twice a day at fairly regular intervals, perhaps just after one of his feeds. Take him into the bathroom or lavatory at that time, sit him on his pot, and encourage him to perform. It will not be long before he realises that this is the proper place for him to have an action. It is best not to let him use his pot in the nursery or in the living-room, and not to keep him sitting on his pot for more than 5 to 10 minutes. If he hasn't gone by then, make no comment. Put his clothes on and let him go back to his playpen.

Sometimes a child will refuse to sit on his pot long enough to pass a motion, and then go shortly afterwards into his napkin—a most annoying trick. He gets up too quickly, or he punts himself round the room on his pot, and he never concentrates properly on the job. A good plan in such a case is to tether the child. Put the pot against a table-leg, tie the child lightly round his middle to the table-leg, give him a book to look at, and there he can stay comfortably for 15–20 minutes, if need be.

Thirdly, there is the frame of mind with which you face training. You must be friendly, helpful and patient. Show him that you're pleased if he's had an action, but don't be worried

or annoyed if he hasn't. A daily action is *not* essential, whatever the advertisements may print about "auto-intoxication", "inner cleanliness", and the like. Many children skip a day now and then without the slightest harm. Regularity is advisable, but it is not essential, and certainly you do not want to be dosing your child with purgatives or using suppositories if he should miss a day. A slight change of diet is all that is wanted.

The next step is to teach him some simple word by which he can tell you when he wants to go. Some children are easy to train, and by the time they are 15 months old have grasped this, and henceforth have few accidents; others are slow to learn, and pass their motions quite unconcernedly when they are standing up in their play-pens. They have no feeling of shame, no sense of guilt, but they are not being perverse or disgusting. They are just awkward and immature, but they will learn in good time, provided that the simple natural act is not warped and twisted by emotional appeals and outbursts.

By the time the child is 2 or 2½, he will be able to tell you when he wants to go to the lavatory. He is still fumble-fisted, so he will want help with his trousers, and then it may be best to leave him to himself, with the door ajar. He can call out when he's finished, and then he will need your help in cleaning him up and putting on his clothes again. At 3 many children will go to the lavatory by themselves without telling, though they still need help when they have finished. By the age of 4 a small child is more deft with his fingers, and has learnt to unbutton and button up his trousers. He can take care of himself almost completely, and now he begins to insist on the door being closed.

Young children often disgust their parents by their interest in lavatory matters. A natural curiosity prompts them to notice everything, including their own urine and motions. This is quite usual for a time, and it passes off quickly unless you meet the situation with a show of anxiety, with a fit of giggling or a shocked expression. This will only convince him that he's said something funny, so he'll go on repeating it, amazed and delighted at his own wit. Just tell him quite quietly that it's not very good manners to talk about it. A child is often proud of having produced a motion: he doesn't regard it as something

that's dirty—it's something he's made himself, and he's rather pleased and interested. But if you give him the idea that it's dirty or disgusting he may get worried or frightened, so much so that he will refuse to have an action. Instead he develops a dread of dirtying his clean white pot, and will only scream if he is sat down forcibly upon it. Once this has happened, your best plan is to put him back into napkins again for a month or two, and try again later when he's forgotten all about it.

If he has an accident and dirties himself, it's usually because of a stomach upset, an emotional upheaval, or because he has put off going to the lavatory till the last second. Most children are distressed at a lapse and need comforting rather than scolding. Of course he may dirty his clothes purposely. Dropping back into babyish habits is his method of calling attention to himself, perhaps because he feels neglected and insecure, perhaps because he is jealous of a new baby. Sometimes a child will refuse to go out of sheer defiance, he realises his power and he enjoys creating a sensation. This is nothing but blackmail, and you shouldn't stand for it. Tell him quietly you don't mind at all, but he's being rather silly. Don't give purgatives—more drinks, porridge, fruits and vegetables are all that is necessary, together with plenty of exercise in the open air.

The Bladder

The control of the bladder is a more mature act, considerably more difficult than control of the bowel. It needs some skill and judgment for a child to hold back his urine until he is placed on his pot, so it is no good spending time in trying to train him when he's still too young to understand. Wait until his brain is better developed, until his nervous system is more mature. Bladder control is liable to the same ups and downs that characterise all growth in early childhood. Much learning has to be crammed into the first five years of life—sitting, crawling, standing, walking, feeding, speaking, control of bladder and bowel, and so forth. These require a close knitting of the nerve fibres that serve the appropriate muscles with the higher centres of the brain. No child progresses steadily uphill, learning how to do all these things at once: sometimes he has a little spurt and forges ahead, sometimes there is a lull before

any further progress is made, sometimes there are temporary setbacks. All growth has this rhythmic character. Just as you will see smoke curl up the chimney in a little series of puffs and eddies, so with each new activity of a child there are little pauses before the upward surge again; and just as the columns of smoke from the four quarters of the fire twist and mingle with each other in ever-varying pattern as they rise upwards, so are the child's achievements interwoven. All his powers are concentrated on the thing in hand. To his delight he learns how to walk, and all his progress in keeping dry is temporarily forgotten: he learns to speak, and the rest of his powers are dominated by this passion. Failure to recognise the rhythmic nature of mental growth is the cause of much trouble in bringing up children. To suit the needs of a growing child training and discipline must always be supple and elastic, not harsh and wooden. I stress this because troubles with bladder control are so frequent, yet so much can be done to prevent them.

Daytime Control

The time to begin real training is at about the eighth or ninth month, when the baby may be expected to go 1-2 hours without wetting himself. Leave off his napkins while he's awake, and put him on his pot at regular intervals—on waking, after each meal, after his midday nap, and last thing at night before you go to bed. Probably you will only be successful once or twice: there will be many lapses. Don't keep him sitting on his pot for more than 5 minutes. It is an awkward position for a young child, and if he is kept there longer, he will soon get restive. Give him a word of approval if he is successful, but make no comment if he is not. Let him continue to wear napkins only at night and when he is having his midday nap.

If he responds to this early training, well and good: if he doesn't, if he leaves puddles on the floor, put him back into napkins, and try again in a month's time. He isn't quite ready for it.

By the age of 1 he may respond when he is placed on his pot, but often the development of standing and walking introduce new difficulties—he may resist simply because he wants to be on the move again. Or he may sit on his pot without result,

though immediately he is taken off and put back into his napkin, he passes water. You may think he is being perverse and wilful, but in reality you are witnessing a baby who has not yet learnt to sit firmly on his pot and relax his sphincters at the same moment. (You will remember your child's earlier efforts with a ball, how he couldn't throw it at first because he had not learnt to relax his grip at the right moment.) But all the time he is making progress: he is not at fault. Don't let him play about in wet napkins for longer than you must. Changing his napkin as soon as it is wet will make him comfortable and encourage him to be dry.

When he is 18 months old you should be teaching him some simple word, so that he can tell you when he wants to go. That may take some months, but once he can do that, he has made a big step in the right direction, for from now onwards you can gradually make *him* responsible. You take him to the lavatory when he asks to go rather than when you think he needs it. He is bound to make mistakes at first, but he'll never learn unless he tries—he cannot rely on you indefinitely. Sometimes he is so engrossed in his play that he will forget to go until it is too late. He will squirm about uneasily, hop on one leg then on the other, and pull at his trouser buttons long before he does anything about it. His mind is all on his toys, he's really not conscious of his need to hurry, so he wants to be reminded from time to time. It's annoying when he comes and tells you he's wet. You can't help thinking: Why didn't he tell me before? But his coming to you at all is a sign that he's growing up, that he's beginning to realise his responsibility, and soon he'll learn to come a little earlier. Resentment and anxiety will only set him back. Remember that there are great individual differences between babies—some learn very quickly, others are exasperatingly slow; yet every child will be dry one day as long as you don't deal with his lapses with a heavy hand. Many things tend to increase the output of urine. Cold weather, increased intake of fluids, a sudden chill, a new nurse or relative he's got to get used to, excitement, emotional upsets—any of these may apparently undo the work of weeks. You must learn to be patient and bide your time.

When your baby is fairly dry by day, try leaving off the

napkins for a week during his midday nap. If he wets the bed, he's not ready for this step forward—wait a few weeks then try again.

Night-time Control

It is no good starting night-time control until daytime control is good and the baby can keep dry during his midday nap. Once that has happened, night-time control is usually fairly easy. At about 18 months leave off his napkins at night, put him into pyjamas or a sleeping suit, and hope for the best. If he wets the bed several nights running, he is not quite ready for this stage: change him and make him comfortable, and forget about any more training for a month. Don't be too hard on him—sooner or later he'll learn; and don't compare him bitterly with the baby next door.

Fluctuations are common. Sometimes you will have a spell of dry nights, then perhaps he is wet for a couple of nights; or he may be dry for a couple of weeks, and you sigh with relief and think at last he is trained, and then he lapses into bed wetting for 10 days on end, and you get disheartened. But all the while he is consolidating his gains, and by the time he is 2½ years old the sphincter muscles at the neck of the bladder have grown powerful enough for him to hold back urine for some 6–7 hours. That means he will have to be put on his pot at 10–11 p.m. every night, if he's to have a chance of being dry in the morning. Some 3-year-olds will remain dry all night, others will need the 10 p.m. lifting until they are 4 or 4½.

Some children are discouragingly slow to be trained, probably because they have a nervous system that lags behind the rest of the body and needs an exceptionally long time to mature. They are late starters, yet one day, given patience, they will suddenly become dry and remain so for life. Others appear to be the victims of an irritable nervous system. They learn to be dry quickly enough, but it requires little to throw them out of their stride, and they may suffer from “a stammering bladder” till well on into school years. In summer perhaps they are dry, but in the autumn and winter they have frequent lapses. Such children demand tact and sympathy, not punishment or emotional appeals.

Night-time control is bound to be delayed if you give your child a big tea with plenty of milk to drink, followed perhaps by more milk and biscuits once you have got him into bed. The child goes to sleep with his digestion still hard at work, and the kidneys are forced to work overtime at night to deal with the extra food and drink. There is no need for this. Give him his last meal, a light tea, at 5.30 p.m., bath him at 6.30 p.m., put him on his pot, then tuck him up in bed for the night.

Some children are kept up for "high tea" with their parents at 6.30 p.m. This is usually a mistake when the child is still young. He eats too much, he goes to bed too late, and training becomes very difficult.

The Child that Wets the Bed

Many children up to the age of $2\frac{1}{2}$, though dry by day, have poor control over the bladder by night. It is only after this age that you should begin to worry, and then it may be wise to take your child to a doctor or to a children's hospital for a thorough overhaul, though it is as well to emphasise that only very rarely is anything found wrong organically. Sometimes chronic indigestion lies at the root of the trouble, and the child can be put right quite quickly by a holiday and proper attention to his diet. Some persistent bed-wetters are mentally backward, and it may be years before they have improved sufficiently to be dry and clean day and night. But usually the trouble is due to the tense attitude of the child, resulting in a tense bladder.

Bed-wetting occurs in boys and girls alike. It occurs in all races, all classes, all environments, after every variety of training. It affects children of high intelligence, restless, nervous, anxious young things; children that are "highly strung", timid, shy and sensitive and full of imaginative fears; children of low intelligence, dull, stupid and lethargic; and children that are difficult, indifferent, defiant and spiteful. It is often associated with habits that indicate an unstable nervous temperament—stammering, night-terrors, nail-biting, unnatural fears, and the like. There is sometimes a deep underlying conflict—jealousy of another child, feelings of inferiority.

It is important then to get at the root of the child's difficulties. Don't jump to the conclusion that the child has "a weak bladder" and buy him bottles of medicine or patent kidney pills: they are worthless.

When you question them, many parents admit with shame and confusion that *they* wet the bed themselves when they were young. This does not mean that the trouble is hereditary, but that the parents, remembering their own childish lapses, their own unhappiness, perhaps the harshness of the treatment they received, are quick to despair. Sometimes they have made no attempt whatever to train the child, sometimes the reverse. In their anxiety to get the child dry and clean they have begun training too early and made a fetish of it, and when they failed, they may have treated the child with quite unnecessary severity. The greatest gift that one can bestow on a child is for him to be born into a happy family where he is loved and wanted by both mother and father. Unhappiness, insecurity, strife in the home, nagging and scolding parents—all these fan the flames of the smouldering complaint and make cure well-nigh impossible.

The prevention of bed-wetting lies in what has been said above in training in bladder control. Where lies the cure for the established case?

The attitude of the parents comes first. It isn't what you say, it's the way you say it that matters, for every tone of your voice registers in the sensitive ear of a child. You *must* try to restore his self-confidence. Feelings of exasperation, though natural to you, won't help him. Shaming, scolding and thrashing will only serve to make matters worse, and convince him that he's a hopeless case, so that he goes to bed in the miserable certainty that he'll wake up wet next morning. If you are tired and overwrought and worn out with washing, it is wise to send the child to the country for a month's holiday. Life on a farm, running wild, will put new heart into him, improve his general condition, and damp down his nervous excitability and, he'll lose his fears of bed-wetting in his absorption in the things of the country, cows and pigs and chickens. The lady almoner at a hospital can often arrange this for you, if you know of none to help you. Then there is home treatment. Limitation of

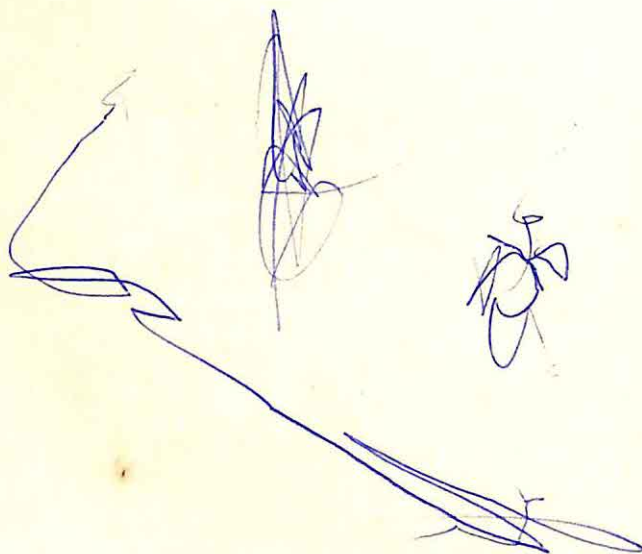
fluids at teatime and nothing to eat or drink afterwards may improve matters, but not if the child is thirsty and you take the occasion to remind him of his delinquency. He should pass water before he goes to bed, and he should be lifted at 10-11 p.m. Don't let him romp about after his tea, and don't read exciting stories to him before bedtime, for nightmares and bad dreams may result in bed-wetting. Sometimes a mascot tucked up in bed with him—a golliwog or a teddy bear—will set his mind at rest, especially if you add the suggestion that the golliwog wakes up dry, and so very likely will he. Praise his good nights, tactfully forget the bad ones, and make him feel that it won't be long before he has conquered the habit. Do everything to foster the child's belief in himself, make him independent, give him plenty to do, plenty to think about. Above all, don't lay too much stress on the child's lapses. He will certainly gain control over his bladder one day if you don't over-emphasise the whole affair.

Children are often terrified of the dark, and they will cheerfully wet the bed night after night rather than clamber out of bed and feel their way down a long, dark passage to the lavatory. A night light and a small chamber under the bed may be all that is required. Tilting the foot of the bed by raising it on blocks 10-12 inches high sometimes does good. There is no ground for the fears that "the blood rushing to his head" will do harm—on the contrary, a child often sleeps extremely well in this position.

Occasionally, as mentioned above, bed-wetting is due to an enormous tea, often supplemented at 6-6.30 p.m. by "Supper with Father", or milk and biscuits when the child is in bed. Cure then is very difficult, for the bladder is forced to work late into the night to get rid of the excess food and drink taken aboard in the evening. A light tea (thin sandwiches, plain biscuits, sponge fingers, a small plate of fruit and custard) with a single cup of milk taken at 4.30 p.m. or 5 p.m. is far better, and there is no need to go to the kitchen tap for several cups of water before going to bed. A slice of orange to suck will make the mouth fresh just as easily. One last point—sweets, chocolates, and ice-cream. Most mothers forget to mention these delights, but in practice it is difficult to cure a child who is

taking any of them in large amounts. It is far better to restrict sweets to one or two after lunch.

In short, cure lies in reviewing the child's whole life and in tactful, sensible handling by someone who hasn't forgotten what it was like to be a child. Don't take things too hardly. Time is always on your side, and much of the difficulty may vanish as the child's nervous system becomes more stable and mature. Drugs are only helpful in exceptional cases—sedatives if the child is a very light sleeper, an iron tonic if he is pale and anæmic, perhaps malt extract if he is thin and underweight. They are not a short cut to cure—that is why they are mentioned last.



CHAPTER XIV

THE TRAINING OF CHARACTER

Obedience is based on the child's welfare and on the rights of other people. All animals teach it to their young, otherwise many young creatures would die in their ignorance of life. It is a means of education, not an end in itself. Some parents seem to regard it as part and parcel of what they call "the discipline of life". The child must learn to face failure, to accept disappointments with a good grace—discipline, in fact, suggests suffering, bowing to the inevitable, becoming used to the bitter reality of life. They say a child must be broken in like a colt—"Spare the rod and spoil the child"—but surely this is wrong. There is no virtue in obedience for its own sake, though many parents seem to think so. It should be a response to justice and good sense, not just a blind submission to authority. Prompt obedience in some things you must have—a child can't be allowed to scamper across streets, for instance, or play with fire; but otherwise he wants as much freedom as possible, as long as he respects the right of others. Discipline is not the same thing as punishment: indeed, good parents can keep excellent discipline quite well with no punishment, or very little. Discipline aims at getting a child's co-operation, so that he's happy in doing what is right. He must learn from the earliest days that he can't escape the logical consequences of his acts. If he breaks a toy, for example, he must learn to go without it for a time. He can't have another.

Encouraging good behaviour is vastly more important than punishing a child for bad behaviour. Every child likes the approval of his parents. If he gets nothing but disapproval, his natural reaction is bad behaviour. Within an hour of a good smacking he is cheeky and mischievous again, and you are at your wit's end to know what to do. Here are a few suggestions that may be helpful.

You will get far better results by requests and suggestions

than by commands and orders. If you stop and think for a moment, wouldn't you feel that way too?

If you expect good behaviour, you will probably get it, for a child is very sensitive to suggestion. Praising him for little things he has done well is far better than punishing him for mistakes. If you are constantly telling him how bad he is, he will come to believe it.

See that children are kept busy and active, for if they have plenty to interest them they are less likely to get into mischief than the children who are bored and unhappy. They tire easily of one activity, so don't let them play at one thing for too long, otherwise they may start to quarrel. Thinking of something fresh for them to do will often prevent the quarrelling point being reached.

Remember that many children go through a stage of resistance at about 2 or 2½. Their parents have said No, No, so often that they have learnt to respond in the same fashion. This is the age of experiment. The child's "naughty" behaviour is nothing more than his way of learning, so he wants a place to play in, where he can't get up to much mischief, where he won't meet with constant warnings and scoldings. Accidents will happen, of course, but it's no good punishing a 2-year-old for clumsiness. This isn't bad behaviour: he's simply made a mistake.

Obedience can be made difficult or easy. A child is almost entirely a creature of the present, so desires are more urgent and disappointments more acute. Sudden interruptions should therefore be avoided as far as possible. Don't whisk the child off to bed when he's engrossed in a game. Give him a little warning that bedtime is coming round. Tell him his bath will be ready in a few minutes, and he had better be putting his toys away. Take it for granted that he will obey, and don't leave him with the impression that you think he will disobey. If he shouts "Shan't!" keep cool and pay little attention to him. If he tries the weapons of rage and tantrums, wait a little, then repeat your request quietly but firmly—let him see that he gains nothing by his peevishness.

Punishment is useless unless it does something more than stop bad behaviour. Too often it makes a child merely resent-

ful—he feels that it isn't fair. It doesn't make him thoughtful about what he has done. If he persists in doing something that he has been forbidden to do, something dangerous—if, for example, he plays with fire, or turns on the gas taps—he should be punished *immediately* so that he knows that you feel strongly about his misbehaviour. If you feel that there's nothing for it but the good old-fashioned smack, do it at once and do it yourself.

It is grossly unfair to say: "You wait till your father comes home and he'll give it to you properly." The child will be kept on tenterhooks all day instead of getting over his punishment at once. He may dread his father's homecoming, and come to think of his father as a stern unbending creature who exists only to punish him.

Repeated punishments, like repeated commands, indicate failure to help a child to face his difficulties. They only result in hostility to his parents, a sense of grievance, and a driving underground of the natural springs of love and affection. So don't be in a hurry to punish. Put yourself in the child's place, and the right line of action will often be clear to you.

Lately there has been a revolt from Victorian severity, but the pendulum has swung too much the other way. Lax discipline is bad, and children know it. Indeed, the facts show that it is often worse than over-severity. "The child can do no wrong": this is the silly nonsense put forward by some child psychologists, whose theories are often vague, ill-balanced and shadowy, and quite unsupported by fact. A headmaster says: "Boys are strange creatures who play the fool and yet strongly resent the fact that they are allowed to do so." You have to strike a balance between freedom and control—freedom for the child to do what he likes, and consideration for the rights of others. Children are usually quite responsive to discipline provided that the reasons are given fairly and in not too many words. They must not paint on the walls—it spoils the paint: they must not pull the cat's tail—the cat doesn't like it. Don't fob them off with lies—tell them the truth.

Few parents can be brought to see that they spoil their children, that their children's nervousness and odd behaviour

are often the result of errors of training. This implies self-criticism, and many parents are incapable of that. Indeed, they resent any suggestion that perhaps they are a little to blame, although it is obvious to their friends that they are making mistakes in management. The fussy mother, the stern mother, the over-indulgent mother—we have all seen them. Parents differ as decidedly as children do, and marriage unites men and women of a strange diversity of temperament, so it is not surprising that their ideas on the upbringing of children vary enormously.

At this point I should like to protest against the view that parents are always to blame for the abnormal conduct of their children. Many of these extreme views are supported only by the flimsiest of evidence. Abnormal behaviour is *not* always due to bad parents, bad training and a bad environment. We know that some children are born with defective bodies: may they not be born sometimes with abnormalities of temperament?

Inheritance of intelligence—or lack of intelligence—is a well-established fact, and there is good evidence to show that instability of the emotions is often an inborn defect. But it is also true that some children will be cruel, aggressive, or selfish however good their upbringing; while others will be kind, sympathetic and unselfish though brought up in an atmosphere of ill-will and neglect. They do well in spite of a bad environment, perhaps even because of it. A good home does not always mean a good child. There are great individual variations. Twins brought up alike by no means always develop alike. Even the Dionne “Quins”, brought up in the same nursery, showed decided individual differences by the age of two. And these variations are inherited—we can do nothing to change them.

The first 4-5 years are very important, but they are not so important as many would have us believe. The mere passage of time and increasing maturity will often put a child to rights. Many children brought up badly until the age of 4 or 5 will turn a new leaf and blossom out with the good handling they receive when they go to a nursery school or to a new house. They improve, Yes: but can they completely recover? Quite often. Although some children make little progress, others will

recover in the face of almost hopeless difficulties. So don't be discouraged. If your child is "difficult" and something of a problem, don't imagine he will always be that way. Stand firmly by him, have patience, and don't cease to love him.

Fathers and mothers must agree. If there are serious differences of opinion between them, or between mother and nurse, the child should never see it. Open disputes are always bad—you had much better go to some sensible doctor or psychologist and thrash it out with him. Child guidance clinics exist also to give advice on awkward problems of management. A few straightforward maxims may make these points clearer.

Don't Treat your Child as an Inferior but as an Equal

Many of the troubles of management which arise in childhood are due to the persistent refusal of grownups to regard a child as a proper human being. Some persist in calling the child "it", others refer to him as "the brat" or talk about him to his face as if he were not there. To ignore a child, to keep him a baby as long as possible, is bad policy—he should never be treated as a plaything. Baby talk is all very well for the first months of life, but once the child is starting to talk and develop his personality, he should be spoken to naturally and clearly in simple English. If he makes mistakes with the pronunciation of a word, don't laugh at him too quickly—for children are sensitive to a fault and hate to be humiliated—and don't repeat or mimic his mistake. All grownups like courtesy and consideration in conversation: so does a child.

Keep Your Word

"Do as you would be done by" is an excellent motto in dealing with young children, so don't promise and then upset the child by refusal later, otherwise you are riding for a most dangerous downfall. Children appreciate fairness from an early age. Let all requests be reasonable and just. Don't teach a child by moral precepts, but by personal example. If you tell lies yourself, how can you expect your child to speak the truth? He soon learns to disbelieve his mother when she says she hasn't a penny for him, yet gives him one if he screams or makes a fuss. Don't be in a hurry to make decisions, but once you have

given your word, stick by it steadfastly. The child will be quick to appreciate the fairness of this. Don't cover up your mistakes. If you have done wrong, admit it frankly.

Say "Naughty" as Little as Possible

It is *not* naughty to shout and romp, to fidget about, to be always "on the go". Mischief is only a sign that the child needs more to do. It may be exasperating for the grownups but it's perfectly natural to him. Forcing a child to be quiet and inactive will only cause his pent-up energy to overflow into bad behaviour, tantrums and irritability. The child behaves well in the summer at the seaside because he is allowed to run free; he behaves badly in the winter because he is cooped up indoors on rainy days with too little to do.

Don't Make Silly Threats

Never make threats that frighten a child—that you will give him to a policeman, that the Devil will get him—for these often terrify a child in his secret heart, and never threaten punishments that you won't carry out. Be firm and decisive. Don't waver, don't weaken your order with promises, bribes, or threats. The less orders you give, the better; indeed, if you are for ever saying "Do this" or "Don't do that", a child will be quick to see that you don't mean to enforce your authority—he'll just turn a deaf ear to you and go on playing with his toys. You may think that to change your mind and to give way occasionally will do no harm. This is not so. The child will be quick to notice your lapse, and all the good done on previous training will be lost. Never give way if he makes a scene, and don't allow arguments. "Anything for a quiet life" is a bad motto: if you adopt it, you will find your life increasingly unquiet. The worst type of mother is the one who is constantly saying No, No, No, but is too lazy to enforce obedience.

Religious Upbringing

It is noteworthy that in times of stress the men and women who stand up best to their difficulties are those with a strong moral and religious background. It is not enough to bring up a child with a healthy body and a sound intelligence: let him

also grow up with a heart full of wonder and delight, with a strong sense of right and wrong, a love of beauty, truth and goodness, a feeling that the world is a great and wonderful place. Religion surely is a necessity. It is *not* an illusion, an escape from reality, "the opium of the people", an easy way of avoiding difficulties; nor is it an outworn creed to be given up with such childish beliefs as magic and fairies. It is a deep-rooted instinct present in us all that gives meaning and purpose to all our ways, present throughout our lives. We all have vague longings for perfection, we all believe in something, even though we may rarely go to church and be ashamed to confess it. Religion means literally "the thing that binds"—binds all the strands of our lives into a compact whole—and this thing that binds is love, using that word in its fullest and finest sense—love of a man for a woman, a child for his mother and father, men and women for perfection. Everything is bound up in it—thought, will, feeling, emotion, conduct—as in some superb carpet or tapestry. We are apt to be puzzled and distressed by the views of the materialist, the researches of modern astronomers, historians, physicists and psychologists, but all of these scientists are merely unravelling and studying various strands in the carpet. All their training leads them to the study of detail, to the following of one scarlet thread through the design; in so doing, they must of necessity be blind to the superb pattern of the whole. Nothing that they can write or say contradicts the great truths of Christianity, which has proved itself to be the finest of all religions.

Up to the age of three the earliest beginnings of religion lie rooted in a child's deep love for his mother and father. They are his gods, they can do no wrong, they are the perfection of truth, beauty and goodness, and fill the place of God in his heart. And they do it, not only by what they say, but by what they are—how they behave to him, how much they love him and make him feel that he is wanted, how much they set themselves to do everything that is for his good. A child's growing mind does not need cold logic, reason or argument: it needs the colour, warmth and life of the things that affect the heart—delight, wonder, awe, curiosity, romance, legend, love. He is a creature of feeling rather than of fact, so if his early life with his

mother and father has been full of love and trust and happiness, religion comes naturally to him.

Tell him some of the simple Bible stories that are dramatic and full of interest (e.g., Noah and the Ark), tell him of the birth and life and death of Christ, about Christmas and Easter, and keep your story vivid and full of interest, in words suitable to his age. Instruction is a dull and lifeless thing; education, to be at its best, must appeal to a child's sense of romance and beauty and fitness. A child of 3 or 4 is not too young to learn simple prayers, even the Lord's Prayer, though this is apt to prove something of a tongue twister to these youngsters, difficult to say and difficult to understand. Most children enjoy better the spontaneous prayers made up for them by their mother or father, prayers which deal with the doings of the day and the child's hopes for the morrow; and it is easy to introduce into these prayers thoughts for other people—homeless children, waifs and strays, gypsies, the blind and the lame and the old. Simple hymns such as "There is a green hill far away" are usually loved, and at 4 a child is old enough to go to part of the morning service at church. Visits to cathedrals rarely fail to please, for children have a keen eye for beauty and are quick to appreciate the atmosphere of a place—the peace, the hush, the majesty of the towering masonry, the beauties of stained glass. "The essence of religion is the worship of God and the service of man": the earliest beginnings of this your child will understand, if you will but give him a chance.

CHAPTER XV

WEANING THE CHILD FROM DEPENDENCE TO INDEPENDENCE

WEANING a child from his early state of complete dependence on his parents to a later one of self-control and independence has not yet been sufficiently appreciated, but it is of vital importance in the proper unfolding of his personality. It is also clear that it is in his everyday life, at home, in the nursery, and out of doors, that he must learn to take his first steps in the paths of self-help and self-guidance—steps on which his success at school, success in business or in his profession, and in his private life on reaching manhood so greatly depends. Success in life requires the ability to decide the right course of action for himself; for a man who can only carry out the instructions of others, however obediently or skilfully, is only fitted to take a lower position in the social or economic scale.

Now at first a child is almost entirely dependent on the decisions and judgments of his elders. Certain things may be done, others may not; certain things are called good, others bad, and these he learns to accept without question. In this way the loves, hates, and convictions of parents have great but subtle power in moulding the careers and opinions of their children. But as the child's personality begins to unfold, there comes a time for revolt. While still young and tender, he becomes the prey of two opposing forces, one uniting him closely to his family, the other separating him sharply from it. The former is the more primitive, and therefore the more powerful force, while the latter shows the mind's true development, the growth of the child's will and personality. Modern research has shown that the former is more often found excessively developed, that considerable mental effort on the part of the child is required for self-control and independence, that there is a common and dangerous tendency for him, when faced by obstacles, to slip back to the earlier, dependent stage

of his development. It has also shown that a child's tendency to revolt is perfectly natural and normal, indeed that is one of the most valuable aids to progress. The child that rebels is growing up and beginning to show signs of independent thought and action. He needs more scope for his energies, he is no longer satisfied to be tied to his mother's apron strings. The child that never rebels is by contrast tame and colourless, a poor creature who will most probably lack initiative and individuality in later life.

This lack of training to independence is a common fault. Why is this so? Perhaps the commonest fault is ignorance of child psychology, and by this I do not mean that the mother has never read books on psychology, but that she has never learnt common sense in dealing with her child's everyday problems. For instance, some make the mistake of doing almost everything for a child, since it is easier and quicker to help him than to teach him to help himself. You will make this mistake often from the best of motives. The child's pathetic lack of skill touches your heart, you long to take him in your arms, to comfort him and help him. You may be tireless in your efforts to amuse and interest him. If he knocks down a tower of bricks, you will carefully build them up again for him, often in spite of his cries of "Let me do it!" Now all this is wrong. If he knocks them down, by all means show him once or twice how to pile them up again, but then leave him to do this for himself, for it is only by repeated practice that he really learns. Similarly with such simple things as learning how to put on his clothes, how to tie his shoelaces, how to button and unbutton his overcoat; if you are wise, you will teach him these accomplishments every day for a few weeks until he is quite good at them, and then leave him to do them for himself.

A second reason for the lack of training to be independent, and one which is becoming increasingly common to-day may be that the child is an only child, so his parents live in constant anxiety lest their darling should come to harm. While other small children are learning to climb, to balance on the tops of low walls, perhaps to swing, they feel that their child must not do so in case of accident. A little reflection will show you that this isn't wise. If you watch a young child with an observant

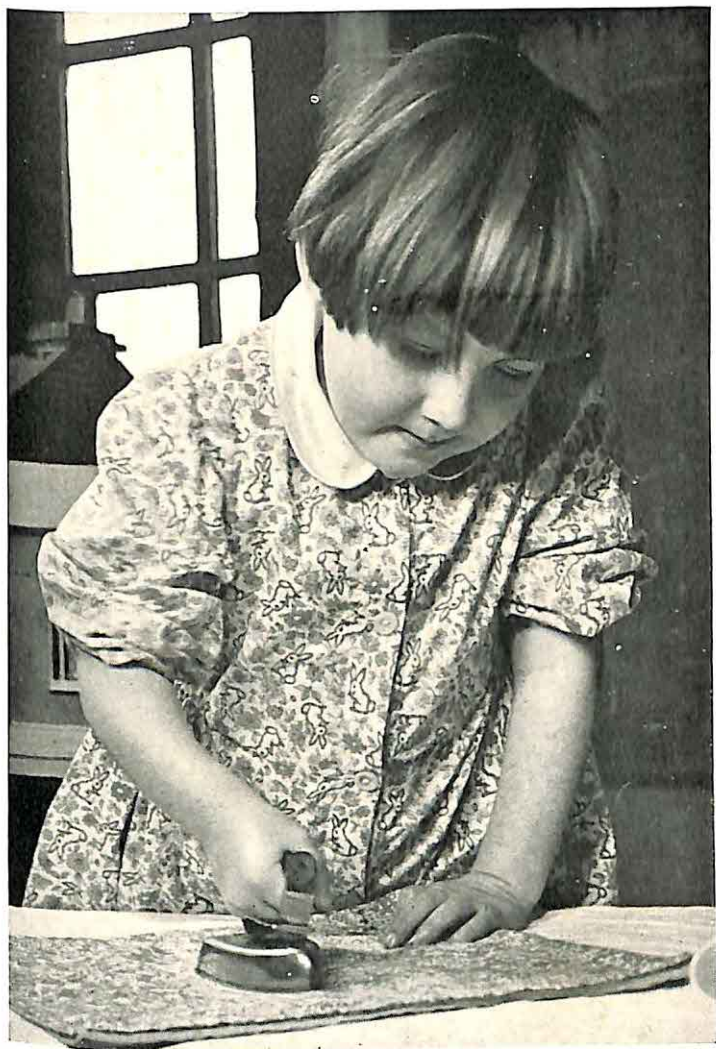
eye, you will find that he is most careful how he climbs and balances. He rarely tries anything beyond his powers. And incidentally you will find he'll learn from his tumbles. If he does fall off a low wall and bump himself, keep your head and calm him down quietly without too much fuss, then when he is quite all right again give him your hand and let him walk along the wall again, holding tightly on to you. If he is still frightened, it is wise not to insist, but to let him try again another day. In spite of their many tumbles children rarely come to any serious harm, and it is of the greatest importance to teach them courage and self-reliance by giving them plenty of freedom. It is still far too common to see a child of three or four walking sedately in the park, holding tightly to his mother's hand, or perhaps, to the pram, when he should be running. Sometimes this is because the mother is afraid that her child may come to harm, sometimes it is because she's afraid he will fall over and get dirty, which will give her more work and trouble when she gets home. Of course in the streets you must have a child under complete control, but once in the parks or gardens he should be allowed as much freedom as possible. Dress him in sensible clothes, not too expensive, so that if he *does* fall over not much harm is done.

A further reason is that sometimes we have to deal with a child who is mentally or physically handicapped, one who finds great difficulty in learning to do things for himself. He may show backwardness or mental instability, perhaps dating from birth; there may have been some paralysis, some long-drawn-out illness or accident to retard his progress. In such a case it is easy to make the mistake of doing everything for the child, yet for him early training in self-control and independence are even more important. Anyone who has seen the work of the special schools for backward children in London will have been impressed by the results of their careful teaching, and they are dealing often with older children, already prone to lazy habits. If a child is backward, training must be begun earlier and more intensively even than in the case of the normal child, if he is to learn good habits. Similarly with a cripple, or a child that has a paralysed arm or leg: don't make too much of his disability, but show him how to do things for himself. This will

require much patience and resource, but the child's future happiness depends largely on his ability to develop independence.

Finally, some parents may have selfish reasons for keeping their children dependent on themselves as long as they can. They fear for their loss of interest in life when once the young one has fledged his wings and flown from the nest; and having nothing left upon which to shower their love, they fear that the zest of life for them will have gone. A wise mother will realise that this separation *must* come one day—it is the common lot of mothers—and she will gently prevent her son fixing all his love and affection on herself, to the disparagement of others. It is a mistake for a son to rely overmuch on his mother long after he has reached maturity, for one day he may find himself unable to love any other woman. The normal business of falling in love in adolescence may not take place, the boy being content to live quietly at home with his parents, and marriage may be avoided or entered into from motives other than those of genuine love, and so the boy may never attain the full compass and vigour of his manhood. Again, looking at things from the parents' point of view, it is obviously unwise for them to immerse themselves too greatly in their children or children's affairs, for they may have serious difficulty in picking up the threads of their normal life again once their children are fully fledged. Occasionally there are to be found strong, self-assertive parents who dislike the growth of their child's independence, since it means giving up a control they have long enjoyed. Thwarted in their private ambitions, they vent their feelings on the child, a creature small and easy to bully, defending their actions with the specious arguments that they will knock the devil out of him, that discipline is good for the soul, that they know what is for his good, and so forth. The child's early efforts at independence are stifled at the outset, free will and choice of action are denied him, all in the name of discipline and obedience. Such parents undoubtedly exist—novels are full of them—but they are unlikely to learn what reason and common sense have to teach on the upbringing of children.

The results of lack of weaning the child towards independ-



LEARNING WITH A TOY IRON.



JUMPING FOR JOY.

ence are deplorable. Some already have been briefly sketched. In general, too great dependence and reliance upon the actions, ideals and standards of the family are apt to hinder all a child's initiative and originality in thought and action. He becomes a pale, shy, nervous creature, a prey to conflicting emotions, one moment giving way to sudden tempests of tears, another bursting with inexplicable rage. Difficult to handle, irritable and tiresome, all that he wants is to be taken out of himself, to be allowed to work, to copy all the things he sees the grown-ups do every day.

The pendulum, however, may swing too far. Too much severity on the part of the parents may make the child revolt too completely from their control, and in later life from all authority. Too long and strong a control will give rise to hatred and hostility, in which all that is good and bad is equally rejected. The child has come to look upon his parents and teachers as harsh taskmasters, and his whole outlook on life is coloured by this. A hard father and a nagging mother will tend to bring up a son harsh and rebellious, disrespectful of all authority to such an extent that as he grows up he becomes a misfit in life through sheer inability to submit to the certain amount of authority which civilised life demands. The danger is greatest, perhaps, where the parents are strong-minded and selfish, but it sometimes happens with weak-willed, inconsistent fathers and mothers, those who one minute are coaxing and spoiling, another punishing and nagging.

The first essential in guiding the child through this transition from dependence to independence is the parents' love. A child needs love as a plant needs water. Love gives him stability, a sense of security, a background of happiness; while lack of love during these early years may give him a lasting sense of injury, perhaps a lifelong bitterness against his parents, and through them against mankind in general. Or maybe the child's love may be thrust back on itself, so that he becomes quiet, self-centred, and self-sufficient, while in extreme cases serious delinquency, lying and thieving may result. The transition, the gradual relaxation of the ties that bind the child to his family, must be made with love and understanding if he is to be brought up properly. Draw him out, teach him to do things for

himself, and if he makes mistakes at first, laugh with him (not at him), and let him have another try. Show him that you think he is doing splendidly, that you have the utmost confidence in him, that you are proud of his small successes, that his failures count as nothing. This is to a child as sunshine and rain to a plant. You can show him how to make beds, how to cook simple things—a never-ending source of delight to young children—how to sew on buttons, and so on; while his father can show him how to clean shoes, how to wash a bicycle or car, how to dig in the garden, etc.—in fact, there is little work with the hands that he won't think the greatest of fun. Give him pocket money and teach him how to spend it. Let him make his own friends, let him mix freely with other children and grown-ups, let him talk to visitors that come to the house, to the gardener, the milkman, the postman. He will talk with glee about everything he has seen and done, and, of course, ask questions endlessly. Don't put him off, don't make fun of him, but answer him sensibly, for he likes to be treated gravely but humorously as a person of some importance. Above all, let him realise how deeply he is loved by his father and mother, how much they enjoy his company, how proud they are that he is growing up to be a credit to them.

CHAPTER XVI

PROBLEMS OF MANAGEMENT

The Frightened Child

FEAR lies at the root of many troubles in this world. It takes on many aspects—fear of the dark, fear of unfamiliar sights and sounds, fear of animals, of strange faces, of solitude, fear of trivial injuries, and so on. Most of these fears are quite beyond a child's control—though maybe foolish to us, they are intensely real to him. Fear has its uses. It is a protective instinct implanted by Nature to remove a child from dangerous situations. It is a spur to courage, a call to action. It is only harmful when it serves no useful purpose, when it is carried to excess, when a child comes to fear situations which he should be able to overcome with a little more self-confidence.

Your whole aim in upbringing is to fit a child to take his place in the world with a stout heart. He is born knowing nothing, neither fear nor pain, and only by slow degrees are these thrust upon him. His senses are very acute, he learns at a prodigious rate. Unconsciously he mimics his parents' manner of speech, unconsciously he senses their emotions, their fears, and anxieties, and from their words and actions he takes his cue. If his mother shows fear, he will become fearful too; if she faces troubles with a calm courage, so will he.

Your line of action then is usually straightforward. Keep your head and deal with the situation calmly and sensibly. However alarmed and anxious you may be yourself, never let the child see it. Let him feel that there is nothing to be alarmed about, that you'll stand by him through thick and thin. If he is frightened about something, talk to him, calm him down, get his interest aroused in something quite different, and soon you'll have him all smiles. That is the line to take—to look fear boldly in the face and then to laugh at it. Tell him that *you* had the same sort of fears when you were a child, for it comforts him to think he's not alone in his troubles, that the grown-ups understand.

Take for example a child who falls off a swing and comes running in terror-stricken. The worst thing to do is to rush to him in a panic, to carry him indoors, to inquire anxiously if he is hurt, to dissolve into tears. This will only destroy his nerve and sap his growing confidence. He immediately feels he *must* be bad for the grownups to fuss so much, he redoubles his screams, and next time he swings he will remember. You should pick him up and calm him down and tend to the bump on his forehead with sympathy and tact. Most children quite enjoy a little first aid, especially if you've something nice to put on their bruises—a cold compress with Eau de Cologne perhaps. When he has calmed down, ask him how it happened and tell him that it doesn't matter—he will be all right next time, he'll just have to hang on more tightly. Jeering at him for being a coward and making him feel a fool is a mean trick, so is giving vent to your feelings by slapping and scolding and saying "I told you so: now you won't do it again". Some will say "A child learns by his mistakes" and think it "sloppy" and sentimental to help him when he falls and hurts himself. This Spartan attitude is usually a confession of laziness, a sure sign that the parents don't really care for children. A child in trouble needs help, or at least the offer of help.

Sometimes a child will try and enlist your sympathy by his cries. Perhaps he has been playing with his brother and they have squabbled over a toy and begun to fight: one of them gets the worst of it and comes rushing to you crying "Johnny hit me". The best way to tackle this is to say "What were you doing to Johnny?" You must see fair play, not take sides by only hearing one half of the story.

A word as to teasing and threatening. To punish a child with fearful threats of the policeman, the dustman or the devil, to put a child into a dark cupboard on the stairs hoping to frighten him into obedience, is downright cruelty. Anybody who can do this is quite unfit to be trusted with the care of young children. It may not seem much to you, but it strikes terror into his childish heart. Similarly with teasing—pretending to drop a child, and the abominable trick of teaching him to swim by dropping him over the side of a rowing boat. These destroy all a child's natural faith in his parents at an age when

he needs above all things complete trust and reliance in his father and mother. The business of "hardening a child" in which some parents take a grim pride will easily turn a sensitive imaginative child into an arrant coward, so much so that the only cure is to take him away from his parents and send him to sympathetic relatives in the country.

Look back on your own childhood. You can remember your fears vividly, you may still be troubled by childish fears that you have never quite outgrown. Children can do so little to help themselves. They suffer in silence, they cannot put their fears into words. Take that familiar fear—the fear of the dark, so general amongst young children, so common too in adult life. It is no good saying there's nothing to be afraid of. Common things take on queer ways at night—a chair in the firelight will cast shadowy shapes on the wall, a branch will tap against a window pane, a cistern in the roof gurgle horribly, and stairs creak—quite enough to terrify a child if he should chance to wake. To scream and scream without anyone coming is a terrifying experience to a young child. He longs desperately for his mother's arms tight around him, to hear her say that it's all right, that it's only the bath water running away, or clothes making a funny shadow. You can remember that feeling so well, how happy you were when the bedroom door was left ajar so that light came streaming in and you could lie and listen to the pleasant sound of voices downstairs, what a relief it was to hear your mother call upstairs from time to time, how comforting to cuddle a toy, to have a nightlight by the side of your bed.

Sometimes a child wakes with night terrors, because he has been told bedtime stories that are too exciting, stories about giants and robbers and wild animals. He goes to bed with his mind in a whirl, with his imagination lit up by these strange beings, and in his dreams giants pursue him and wolves tear him down. He awakes hardly knowing where he is, screaming, terrified and sobbing, sometimes too paralysed with fright even to cry, and it may be a long while before he has calmed down enough for sleep. Bedtime stories then should be simple and deal with familiar things, and books for toddlers should not be about giants and dragons, for fear of the unknown is a very

real thing. Even stories and nursery rhymes like the "Three Bears" and "Miss Muffet and the Spider" may be enough to scare a sensitive child.

Then there is the familiar fear of the sea. Every summer you can go to the seaside and see fathers forcing their children into the sea, although quite obviously they are terrified and would much prefer to be left to their own devices, paddling and making sand-castles. If you want to teach your child to swim, try a more gradual approach. Start him off in a shallow pool, and let him learn the side-stroke or back-stroke. There are good reasons for this: you aren't so apt to swallow water, and it's comforting to reach down and touch the bottom if your courage starts to waver. Once a child has got self-confidence, and not before, let him try in deeper water.

Many childish fears may seem silly and irrational but they have a firm background in the past. Perhaps the child has been badly scared but treated with ridicule; and so, ashamed of his weakness, he has tried to bury his fears out of sight, only to find that they emerge from the past stronger than ever. You can often find the source of hidden fears by watching your child at play, and hearing his imaginary talks with toys, sometimes by listening to his bedtime talk when he's being tucked up for the night. Encourage him to talk, let him trust you, and you'll soon find the source of his fears.

The Child Who Tells Lies

Many people are not very sure what a lie is. Dictionaries define a lie as a false statement spoken with intent to deceive. Many of the "lies" of young children are not that: they are imaginary stories made up by the child in his love of make-belief, in his inability to distinguish between daydreams and realities. There is not the slightest intent to deceive. A child lives in a world of his own. Fact and fancy are all jumbled up in his mind. A bit of firewood is a sword, his counterpane the sea, and it will be many months before he can sort out what is true from what is guessed at, wished for, or invented, years before he has learnt to accept "the bitter taste of reality". So don't stifle his imagination, don't punish him for these yarns, though maybe it is as well to curb the wilder flights of his

imagination. Listen to him, and enter into the fun of the thing, but let him see quite plainly that you know it's only make-belief. If you scold him or punish him he won't share his exciting ideas with you—he will retreat more and more into his shell and enjoy his fairy tales all by himself, and another of the links that tie you to a child has gone for ever—and that is a great pity.

Then there is the real lie spoken with intent to deceive. Lies are nearly always due to fear—they rarely arise from any other cause. It is wise at first to ignore even a direct lie, to say quite simply that it is rather silly to tell a fib. Don't moralise—your child won't understand you, and it will only bore him—and don't cross-examine him, or else he will only lie in self-defence to put an end to the whole miserable business. Don't thrash him or punish him harshly, for over-severity may only teach him one thing—that next time the lie must be bigger and better. Make it easy for him to own up. Don't bully him and shout "Did you do this?" He will almost certainly say No in desperation, for the truth takes more courage than he possesses. Take the easier way: say quietly "How did it happen?" and then the child, seeing that he has nothing to fear, will out with the truth. Some parents say "Tell me the truth and I won't punish you": but that is a form of bribery, and the child is quick to see it.

Then there is the child who tells boastful lies, who exaggerates. He feels at a loss with elder children, and "talking big" is his way of expressing a longing to be more important than he really is. So he tries to give himself a boost by bragging of his father's height and strength, or of some impossible feat that he has just performed. Every child wants to be loved, to do well, to be appreciated.

Half the trouble is that grownups do not think it necessary to be strictly truthful in their dealings with children. They will take a child to a dentist saying "It won't hurt, darling", knowing full well that it will. If your child has to face something unpleasant, it is much better not to blink the fact. Deal straightforwardly with him—no lies, no broken promises, no putting him off with half-truths. Treat his exaggerations lightly, at first at any rate. Let him see that you know he's spinning a yarn and you think it's rather stupid. If he is not so clever or so

strong as other children of his own age, he does not need to be told so. Don't let him down in front of other people, and don't humiliate him by disparaging remarks.

The Child who Sucks his Thumb

Quite early in life—sometimes indeed within a few moments of birth—a baby finds he has fingers and thumbs and begins to stuff them into his mouth, partly for the sheer fun of the thing, partly because sucking is one of his main pleasures in life—his earliest pleasure, in fact, on coming into the world. This is quite natural—every baby does it at some stage or other. His lips and tongue are very sensitive and he learns a great deal about hardness and softness and the queer tastes of things by putting everything in his mouth. This hand-to-mouth instinct is very active at the age of 6 months, it is usually on the wane at 9 months, and it should be gone by the time the baby is 1 year old, for now he should be giving up childish pleasures and using his hands in more advanced ways—by playing about with toys, by banging on a drum, by pulling himself up in his pen, and so on. Occasionally, however, the habit persists beyond the natural time, and only then does it require treatment.

A child who sucks his thumb is very much like a grown-up who smokes—it is largely a matter of habit. When a man has an idle moment, when he's tired or bored, when he's worried, when he's not feeling well, when he's angry, he will pull out a pipe and light up and start puffing away, and in a few moments he's at peace with the world. A child sucks his thumb for almost exactly the same reasons—when he's bored, tired, worried, not feeling well, when he's in a temper. It soothes his feelings, and if you scold him and try to pull his thumb out of his mouth, he is passionately angry and bursts into floods of tears.

Now it is quite true that if he sucks his thumb persistently there is a grave risk that he will deform his teeth and jaws, the upper teeth being pushed forward by the thumb, the lower teeth backward—in other words, that he is likely to develop rabbit teeth. But cure does not lie in force. It is for you to discover why he does it, then you will see how you can help him. He may suck his thumb because he is left lying too much in his cot or pram and is thoroughly bored—put him on the

ground more and give him toys and bricks to play with; he may do it because he has been put to bed too early and he's not tired and he has nothing to do—give him more exercise during the day and see that he goes to bed tired out and ready for sleep, perhaps cuddling a favourite toy; he may be unhappy and fed up—take him in your arms and cuddle him and soothe him down; he may be worried by teething and it gives him relief—leave him alone, for he will stop sucking his thumb once the tooth is through.

Sometimes when a child has been scolded or slapped he will go very quiet and sulk and moodily suck away at his thumb. This you should not allow, for there is a real danger that whenever he is faced with difficulties he will fall back into his babyish trick of thumb sucking rather than face up to them. Jolly him out of his moodiness, think of something that will amuse him and make him laugh, and soon he'll be waving his hands away as gaily as ever. Never let him go on sulking, never let him sleep on a quarrel.

The cure for thumb sucking lies then in your hands: find out the cause and treat it. Trying to break the child of the habit forcibly, by pulling his thumb out of his mouth, by painting the fingers with bitter aloes, by using splints for the arms, will do more harm than good, and it will only call his attention to it. You have taken away his prop, his sole source of comfort, and you have done nothing to help him. Naturally he resents it, he sulks, he is determined to keep it up; and now you are in for a contest of wills, a dreadful state of affairs, and what began as a harmless habit drifts into a state of open warfare. So don't be in a hurry: think it out and probably the right solution will come to you.

The Destructive Child

Many children go through a phase of destructiveness between the ages of 2 and 3, but they outgrow this by $3\frac{1}{2}$, or 4 at the latest. Sometimes this destructiveness persists and demands treatment. You can often guess at the motive behind the child's impulse to destroy by watching his play and listening to his imaginary talks with his dolls. It is almost always unhappiness. He may be bitterly jealous of a new baby, and

destructiveness symbolises his longing to get the better of his rival—it is an outlet for his emotions. Or perhaps discipline has been repressive and over-strict, and the child feels unwanted and alone. He is very sensitive to atmosphere, and if there is disharmony in the home—strife between his parents—he is quick to appreciate it. He doesn't *want* to be naughty: he only gets that way if he hasn't enough to do, if he's thwarted at every twist and turn. Toys are often very unsuitable. You can't do anything with a cuddly toy except cuddle it, and that soon becomes a bore: a child needs things to make and things to do. Malnutrition, lack of sleep, and ill-health all tend to aggravate his moodiness. Once you are clear about the cause it is easy to find the cure. A change of air or a nursery school may give him fuller scope for his energies and put matters right quickly.

The Shy Child

Most children go through a phase of shyness, commonly between the ages of 2 and 3, but they get over it quite quickly if you treat them with tact and good sense. The world is full of new faces, new voices, new experiences, and it is not surprising that a young child tends to cling to you for support. Naturally he is shy with boisterous relatives, aunts who smother him with kisses, uncles who greet him by swinging him off his feet. Such remarks as "Have you lost your tongue?" "Haven't you got a kiss for me?" "There's no need to be shy of me," etc., embarrass the child still further by their effusiveness and lack of tact. How would you like to be treated in the same fashion? If your child is self-conscious before strangers, let him say "How do you do?" politely, then run off and play. Don't drag him away suddenly from an engrossing game to show him off to admiring relatives and don't prompt his replies in the hope of making a good impression.

Parents who perhaps are clever or good-looking often expect their children to be miniature portraits of themselves and are surprised and hurt if one turns out to be an ugly duckling rather than a swan. To relieve their feelings, they make disparaging remarks or unfair comparisons, until the child, feeling unwanted and alone, shrinks away by himself. A girl, especially if she has an attractive elder sister, does not like to be reminded

that she is plain and gawky. She is only too aware of the fact already. Bitterly hurt and jealous, she will retire into her shell and give way to daydreams and phantasies. Don't tactlessly harp on another child's virtues. Remarks such as "Look how neat your sister is,"—"Your brother reads so much better than you do" are merely humiliating to a child's feelings. Would you care for your husband to be continually making unflattering remarks about you before other people?

Perfection is rare, so foster your child's natural gifts. Help him, encourage him, and don't be for ever criticising. A horse cannot gallop freely if reined back hard, neither can a child forge ahead if all his activities are curbed by lack of understanding.

A little natural shyness and reticence is charming in a young child. He needs time to get to know you, he doesn't want to be rushed, and this feeling of his should be respected. It is only when he persistently shrinks from meeting strangers that you should gently push your fledgling off the nest; otherwise he will become too dependent, too much the mother's darling, and this will inevitably be the cause of much unhappiness later. At school he is almost sure to be a bad mixer, to shrink away from new games and become a real cry-baby.

Sometimes a child is an only child doted on by his mother. She will say proudly:—"He is only happy when he's with me," which of course, is rather flattering. Maybe she has always secretly longed for a boy, and after a succession of girls a boy duly arrives. Because she has waited so long she is apt to spoil him, trying to keep him a baby as long as she can. But this is not in the child's interests—you are simply being selfish, and sooner or later if you persist in this you will sap his spirit and turn him into a weakling.

The Child with a Temper

The difficult art of self-control is part and parcel of the development of personality, a troublesome stage through which we all have to pass, a lesson which we all find difficult even when we are fully grown up. A young child is notable for the intensity of his feelings. Disappointments are felt acutely, difficulties are magnified into disasters, his sudden anger is shocking, even to himself. He lives only in the present.

He is quite incapable of understanding the Spanish proverb "To-morrow is also a day". If he is baulked, he cannot do what a grown-up would do—give way to his feelings with floods of bad language. He doesn't know any, so he stamps with fury and screams and sobs and cries: "You beast, you beast" until he's in a state almost bordering on hysteria. Like sudden squalls these temper tantrums will blow up with extraordinary rapidity. At one moment the child is playing about happily, a minute or two later he is swept away by his passion.

What should you do? One thing is certain. Once the child is in full spate, there's little to be done except to let him cry it out. He is too young to listen to reason, too upset to be diverted, too angry to be amused. Sometimes it is best to send him off to another room to cry himself out, sometimes his anger and misery frighten even himself, and he is made worse by loneliness. Take him in your arms and soothe him down. Go on talking away quietly and calm him down and between his sobs he will start to listen. Then and not till then will he be able to tell you what it's all about. Punishment is usually out of place. A child *cannot* control his feelings at this age, and though the good old-fashioned smack certainly relieves your nerves and gives vent to your feelings, it is no help to him. He needs reassurance.

Prevention is always better than cure. You may not be able to avoid a sudden flare-up of temper, but you can often stop it developing into a first-class row. Think out something else for him quickly, something interesting. If he's just starting off in a tantrum because his sister has claimed a doll which is rightly hers, you may be able to stop him by whisking him away quickly to give you a hand with making cakes or washing up or watering the garden.

During the second and third year of life you are watching the growth of the child's will. Deep down inside he feels the springs of action, and now he has to learn to fledge his wings. All these "I won'ts" and "I shan'ts" are so many trial flights to try his power. It is no good saying with clenched teeth "I'll show him who is master"—that is plain bullying. He will obey, but only because he's been cowed into obedience by fear, and that is hopelessly wrong. Give him scope for his growing

powers, plenty of active exercise, plenty to do with his hands, and he'll soon lose his bad temper.

Sometimes the intensity of a child's feelings literally gets the better of him. He will cry himself into such a black rage that at the very peak of a paroxysm of anger he suddenly goes pale and limp and faint, and falls back apparently lifeless. In a few minutes, however, he comes round, and seems none the worse for it. Naturally these breath-holding attacks are very alarming to a mother, but they are *never* serious. They are more a bad habit than a disease. A sharp smack is a good first-aid measure, or a spongeful of cold water dashed on his face. That will make him gasp and get his breath. It is *not* a fit, it is not a sign of heart disease, and there's no reason whatever to regard the child as anything but normal. He will grow out of it. Do what you can to avoid the occasions of anger, and the attacks will soon dwindle and disappear, leaving no trace behind.

Many of these acute flare-ups of temper are due to a child's inadequate sense of what is his and what is not his. He has to develop a sense of property, to learn that he can't have everything he wants, and this takes time. He will hug a toy tight in his arms, ready to do battle against all comers, and scream and stamp in blind fury if it is taken away from him. He has no sense of time. Loss means permanent loss. He is sure that if he lets go he'll never see it again. He cannot bear to be parted from it. Your best plan is to give him things of his own: he'll learn more quickly than that *you* have things of your own too. Sharing of toys is to be discouraged. A toy belongs to somebody: right, then it's much better to make the ownership quite clear, otherwise you will only muddle the child. It is useless giving little moral lectures on unselfishness—this means absolutely nothing to him. He cannot put himself in somebody else's place, for that calls for a flight of imagination far beyond his powers. Unwillingness to share is natural and normal; indeed, it persists well into adult life. How many of us like sharing things? Do not we all like to be independent, to have our own things about us?

Sooner or later of course a child will come back from a party with somebody else's toy engine, or he'll turn up with a bunch of flowers picked next door, and then many parents are dis-

tressed and horrified. They torment themselves with gloomy visions of having brought a thief into the world, they are determined to stop it. Now to call the child a thief, to thrash him within an inch of his life, "to knock the devil out of him" as one father who was a clergyman put it, is the surest way to make him one. He simply does not know the difference between what is his and what is not his, so don't bully or threaten him, which will only drive him to lies out of sheer fear. Get at his motive. Ask him in a matter-of-fact way what made him do it. Why did he want it so badly? Often enough the "crime" is borrowing and forgetting to pay back rather than actual stealing, much as happens with books in adult life! You can return "stolen" things with a note of apology to their rightful owner and no harm is done. But you must make it clear to the child that he cannot take other people's property, that if he wants anything he must ask for it.

The Jealous Child

Jealousy of a second baby is probably felt by most children in varying degrees, especially if the first baby is a boy and the parents always wanted a girl, or vice versa. The boy who up to this time has been the apple of his mother's eye begins to feel she does not love him any more now that this new baby has arrived. His jealousy may express itself in rage and defiance, in passionate appeals to put the baby on the floor, in refusal of food, in attempts to bite and scratch, even at times in attempts to injure the new baby.

Sometimes when a newborn baby gets special attention by virtue of being helpless, the elder child will revert to babyishness to gain affection. For instance, he will suddenly show less control over bladder and bowel, he will seem tired and want to be carried, he will demand meals on his mother's lap, and so forth. Such children are often called "difficult". They are not: they are creatures full of warm affections, with strong wants, intelligent, capable of much needless suffering, which may retard their bodily growth and development for many months.

Avoid then the occasions of jealousy, avoid any sort of favouritism, and let the child see that he is surely loved. If he is jealous of a baby sister, get him interested in her. Let him

help with her bath, let him be allowed to push her pram, let him give a hand with feeding her with a cup and spoon, and soon he'll forget his jealousy in the scope and size of his achievements.

The Child that Seeks the Limelight

Self-esteem, self-assertion, and the pleasures of achievement are natural to all young children between the ages of 2 and 5. They are natural to human beings of all ages. We all try to entertain, and the person we try to entertain most is oneself. In some these impulses are very strong, in others weak and easily overridden by a domineering father or mother. The difficult point is to decide how far you should praise a child's achievements, how far criticise them. Fulsome flattery and unstinted praise are bad, for a child soon gets puffed up with his own importance. Harsh criticism and sarcasm are equally bad, for they poison all action. A moderate line is best—praise with gentle criticism, for this will not hurt a child's feelings. The key to right treatment lies in his extraordinary suggestibility. If he's expected to behave well, he's likely to do so, but if he's always being told how naughty he is, he will come to take a melancholy pride in it, and feel that this is what the grown-ups expect of him. A large number of difficulties parents have in dealing with their children would vanish if only a child was treated more like a grownup, and less like a dog or a plaything. A child's feelings are easily wounded. When you come to think of it, what mother would care to be criticised to her face about her appearance, her intelligence, or her character? How would she care to be told how dull she was, how bright her brothers and sisters? Treat a child tactfully, with courtesy and gentleness, as a small person of importance, and he will promptly respond.

A child often seeks the limelight by refusing to do things—he refuses to eat, to wash his hands, to go to bed, to pass a motion, and so forth; and the more alarm and consternation he can raise in the household, the better he's pleased. It gives him an exhilarating sense of power, he enjoys the whip hand. Refusal to eat is very common, and, as you might expect, it occurs mostly in homes where the child is most precious and

the mother anxious if a meal is missed. She coaxes and implores him to eat, and when that fails she loses her temper and forces him to eat, whereupon he is promptly sick. In despair an extra snack of cocoa and biscuits is given before the next meal in case he should get thin, and he is plied with milk and milk puddings, which doesn't improve his digestion; and so the miserable business goes on until he is really getting thin and his mother is worn out with worry and anxiety. The treatment is usually simple—let him play to an empty house. If his behaviour is treated laughingly as childish and silly rather than as shocking and wicked, if he sees his uneaten dinner promptly taken away, if everybody walks quietly out of the room when he flies into a passion and lies on the ground and kicks, he will soon give in. No audience, no sense of power.

Many of these refusals are due to the fact that too many commands are given to the child. In some things, such as running across streets, you must have instant obedience; but as far as you can, give him freedom and choice of action. Don't keep calling him naughty: often really what you mean is that his high spirits are a nuisance to you. Indeed it is not a bad thing to banish the words "naughty", "dirty", and "nasty" from the nursery entirely.

The Child with Mental and Physical Handicaps

Children do not come into the world equally gifted. Some are born with ten talents, some with only one, and there are no means on earth by which you can change one into the other. That being so, you must accept the situation with a good grace. Children are like so many plants. You will see all sorts, from prize-winning flowers down to little undersized varieties. Given good soil, both sorts will come to their best, though very different in shape and size and colour: given sour ground, both will do poorly and never thrive. You cannot change the innate qualities of the plant, but you can make or mar it by the way you look after it. It is the old story of nature and nurture. Nothing will change the inborn qualities of nature, but with bad nurture nature's finest gifts can be brought to nothing.

Every child that seems backward in any way should be seen by a doctor, one with long experience, used to dealing with

children, and if he is in doubt, it is well to get a second opinion at a children's hospital. Two heads are better than one, and you want to know exactly where you stand. You want the facts. Your doctor or the specialist may agree that there is mental or physical backwardness. Ask them straightforwardly what is the outlook, what's to be done, and abide by their advice. Don't rush off to quacks who will lull you into a fool's paradise by promises of a cure if only you will embark on expensive forms of treatment. That will only make you cynical, with a profound disbelief in human nature. It is much better to face the truth.

Some children start off well in life only to fall victims at an early age of serious disabling illnesses, as for example rheumatic heart disease, chronic lung disease, or infantile paralysis. These children require long-continued medical treatment, and probably education at a special school, to fit them for the future. Even when there are undoubted bodily defects, it is best to make light of them, not to let the child drift into invalidism, but to handle him as far as possible as a normal child. Some are crippled not so much by disease as by fear and over-anxiety, by the vague statements of doctors who play for safety by keeping a child with a doubtful heart murmur in bed for 6 months in case he should develop a "weak heart" or a "strained heart", until he has become thoroughly neurotic about himself. No child should ever be allowed to lead an invalid life without first having been examined by a children's specialist. Invalidism should be avoided at all costs.

A great deal can be done for the mentally or physically handicapped child to-day. Many doctors are at work on these cases, research is going on all the while, and many diseases thought incurable years ago can now be cured. Even with the worst diseases, you must remember that cure may be just round the corner, so it is always worth while to persevere. There are societies that deal with cripples, with the deaf, with the blind, the diabetic, the delicate, with children who have speech defects, with those who are backward mentally. (A list is given in the appendix.) By the provisions of the Education Act of 1944 special schools are provided for all. Minor cases can be educated in an ordinary school if special provision can be made for them; if not, they must be admitted to a special school.

CHAPTER XVII

THE PROBLEM OF SEX

Interest in Sex

A CHILD of 3 or 4 notices everything. Nothing escapes his sharp eyes, and sooner or later he is sure to notice the difference between boys and girls. He is interested in his own body, he is interested in seeing his father in the bath, he will watch his mother breast-feeding his younger brother, and he is bound to ask questions. He has a natural curiosity about anything he hasn't seen before. To tell him he's wicked, he's not to look, excites his curiosity and makes him want to look all the more. There's nothing morbid or "dirty-minded" about this, and if you answer his questions frankly and sensibly, not blushing or dissolving into giggles or showing embarrassment, he will pass on to some other subject. It is a good plan to let children see grownups in the bath from time to time: he gets used to the sight of the human body, and he soon loses his inquisitiveness. Any novelty attracts him. Once he is familiar with a thing his mind flits to something else—to the sponge, maybe, or to the bath-taps. Explain a little of the truth in simple language *but only in answer to questions*, and tell him he shall know more about it when he is older.

"Where do babies come from?" is another question he's sure to ask: and again you must tell him the truth, but something simple that befits his years and satisfies his curiosity. Don't go into long explanations—they will only bore and confuse him. All he wants is a frank answer to his questions. If he doesn't ask questions, don't go out of your way to tell him anything until he is perhaps 6 to 7. Show him, if you like, a cat that's going to have kittens, or a cow that is due to calve, draw his attention perhaps to a woman in a late stage of pregnancy, but that's all. He will be quite interested, then his mind will turn to something new. Let him see that you don't consider it's good manners to talk about this in front of visitors, although you'll

always answer his questions when you're alone. Don't give stupid explanations—that the doctor brings babies in a black bag, that they are born under gooseberry bushes, and such nonsense; you'll only confuse and puzzle him. Children may develop extraordinary ideas on birth, so it is wise not to let your child remain in ignorance too long: the true facts may come as a shock to him later and he may be bitterly ashamed. Above all, don't regard sex as a "smutty" subject, or else your child will feel guilty about his interest and become unnaturally self-conscious. He'll think there is something wrong about it, something secret and shameful, and this may colour all his views on sex when he comes to adolescence. Sex is not evil: it is a natural part of human nature, one of the greatest instincts in life.

Mothers, however much they love their daughters, often show extra love for their sons; while fathers, however proud they may be of their sons, have a soft spot for their daughters. Children when they reach the age of 4 or 5 show the same decided preferences. A small boy will say: "When I grow up, I'm going to marry you, Mummy," not having the first idea what marriage means. From this natural preference jealousy may arise. A mother may be jealous because her husband, as soon as he gets home from work, takes his daughter on his lap and tells her fairy stories: a small girl may be jealous because her father spends so much time with her mother. One child may be jealous that another gets extra love and attention. Do your best to avoid this. Treat all children with equal love and understanding. To say to a child: "Who do you love most, Mummy or Daddy?" is grossly unfair. It is asking the child to take sides, it is embarrassing, and he is quick to see the injustice of it. To bribe him to say Mummy by giving him sweets or pennies is even worse—yet it happens. Children must grow up seeing their fathers and mothers completely happy with each other.

Extra care is wanted when children have to be brought up by one parent alone. Perhaps the father has gone into one of the Services and is likely to be away for some years: perhaps you have had a legal separation from him, or divorce: perhaps you have been left a young war widow. In any case you must

try to bring the children up naturally. Don't seek an outlet for your emotions by fussing over a small son, don't give way to your feelings in front of him and distress him, don't tie him to your apron strings and make him into a milksop, but let him grow up easily and naturally with boys and girls of his own age. Keep in your mind Blake's poem:

"He who bends to himself a joy
Doth the winged life destroy.
But he who kisses the joy as it flies
Lives in eternity's sunrise."

With a man who has lost his wife the situation is rather different. He still has to earn a living, so the care of his children is usually left to his women relatives—to an aunt or grandmother perhaps—or to a governess or nurse.

The Child who Handles Himself

Every young child is interested in his own body. He will finger himself all over—eyes, nose, feet—and sooner or later his hands are bound to stray to his genitals, and then the trouble begins, for his mother is apt to pull his hands away in disgust, to slap him, to tell him what a naughty boy he is. He is puzzled and distressed, he doesn't understand why the grown-ups are angry, and if he is constantly scolded for the habit, he may come to think there is something unclean and dirty about this part of his body, and then something that to his mind was natural and innocent becomes a thing of evil, something that shocks and upsets his parents.

Don't accept any such strange behaviour as evidence that a child is neurotic, for it is unquestionably very common in children that everybody would regard as well-balanced. At this tender age a child has no moral feelings—these come later. So don't slap him or scold him, for the habit will soon disappear if you don't pay too much attention to it. Don't imagine the worst if he persists in the habit. Your child is *not* highly oversexed. Sometimes he has had a great deal of solitary play or has been put to bed too early, and this is one way of filling in time and relieving boredom; sometimes it is because he is in pain, or ill at ease, or feeling lonely. Find out the cause

and treat that, if you can. It is quite certain that the habit does no harm, unless it is practised excessively or associated in the child's mind with feelings of guilt and frustration. Treatment is simple. See that he has more exercise in the open air, more to do with his hands, more fun, and see that he goes to bed tired out and ready for sleep. Give him a toy to play with in bed. Some children improve promptly on being sent to a nursery school, others are helped by a holiday on a farm. The really important point is not to make a mountain out of a molehill. Let him see that you disapprove, that you think he's too old for such silly tricks, that grownups never do stupid things like that, but don't make too much of it—it will pass.

One last piece of advice: Don't go out of your way to talk about these things to your children. Give them time, remember that they are still very young, and appreciate these early years while you can. They won't last long. Soon, only too soon, your nurslings will have fledged their wings and left the nest. The freshness of a young child's mind, his innocence, his friendliness, his love of life—are not these enough for the moment?

CHAPTER XVIII

KEEPING WELL

MOST of the illnesses of childhood can be prevented, given a mother who is willing to work, who loves children and who is determined to do all she can for them. "Take what you want from life, take it, but pay for it" says the Spanish proverb; so if you want your children to grow up to be a credit to you, you must be willing to make many sacrifices, especially during the all-important first five years. Many children bring themselves up with little or no care on the part of their parents, but there are many pitfalls in life and clearly one of the great aims of education is to teach a child from your own grown-up experience how to face and overcome difficulties.

To keep really well in body and mind—and health means wholeness, not just the possession of a body free from disease. A child of 1-5 needs:—

1. A happy home life.
2. A diet of good fresh food, well within his digestive capacity.
3. A clean, well-ordered home.
4. Twelve hours sleep at night plus a midday nap until the age of $3\frac{1}{2}$ or 4.
5. As much fresh air and sunlight as possible.
6. Toys and playthings, a place to play in, and playmates of about his own age.
7. A regular overhaul by a doctor and dentist several times a year.

The importance of a happy home and a first-rate diet have been emphasised in the preceding chapters, but little has been said as yet on cleanliness in the home; yet this too matters enormously, for dirt and disease go hand in hand. Keep a wary eye then on the state of the kitchen, the larder, the scullery, the dustbins, the general cleanliness of your home. Deal promptly with rubbish and litter, and teach your children not to be

untidy, never to throw things about on the floor. (The state of our streets and parks and gardens after any Sunday or Bank Holiday has long been a national disgrace. The obvious way to stop it is to teach your children *tidiness in your own home* by your personal example and training.) Keep your larder clean and airy and see that all food is well protected from flies and dust. Don't leave dirty plates with remnants of food hanging about in your scullery—wash up promptly and tidy up quickly after every meal, for this will save endless trouble in the long run. See that your kitchen refuse and garbage is disposed of promptly. Dustbins without lids outside your back-door are unsanitary, they make a perfect breeding-place for flies, and soon attract mice and rats and other pests. Make sure your water supply is safe, and that you only use boiled or pasteurised milk. Get all the light and air you can into your house, for germs flourish best in dark and sunless places. Keep your home clean and neat and tidy. Get up early and do an hour or two's good hard steady work to keep everything spick and span: you will then find you have plenty of time for other things. If you get up late, and leave the beds unmade all the morning, the breakfast things not washed up, later in the day when you are feeling tired you will find that everything is piling up on top of you, and sooner or later you will let things slide and your home will become untidy and slovenly. Get a good cookery book—there are many on the market—and set yourself to become a good cook. There is no special difficulty about it—it is largely a matter of common sense and practice plus the ability to recognise your mistakes and the determination to learn from them. Most boroughs have special evening classes in cookery: why not try a course? Surely this is better than flying everlastingly to a tin-opener?

Personal Cleanliness

Example speaks louder than words, so have good habits of personal cleanliness yourself, and teach them to your child. He should be taught:—

To use his own toothbrush, towel, brush and comb, and other personal articles.

To use his own handkerchief.

To smother his coughs and sneezes in a handkerchief.

To avoid using cups and glasses and spoons which have been used by someone else previously.

To wash regularly and take a bath whenever possible.

To wear clean underclothes as often as possible.

Habits last a life-time, so from the very first teach your child the ways of life that make for health. Doing a thing over and over again in the same way—that is the root of all good habits. But that is only part of the picture: feeling and thinking are just as important. Children should not only learn the habit of dressing and undressing themselves: they should learn *to like* being clean and tidy, to dislike a dirty frock or torn trousers. They should get pleasure from the things we want them to do. It should feel good to be clean, to be cheerful and good-tempered rather than cross and sulky, to be kind to animals, to have good manners. Habits of mind that you disapprove of—irritability, moodiness, sulkiness, bad temper, cruelty, lack of consideration for others—these you should do your best to check at all times.

To paraphrase Ruskin: Education does not mean teaching a child to know what he does not know: it means teaching him to behave as he does not behave.

The Doctor's Part

Choose your doctor carefully, one who is experienced and good with children, and take your child to him or to a welfare centre at regular intervals. Tell your child in advance that he's going to see the doctor as if it were a special treat. Explain that you will be going too, that the doctor will want to look at his arms and legs and teeth and listen to his heart, and that it will all be quite fun. Don't say: "The doctor won't hurt you," for that immediately suggests to any sensible child that he *will*, and he'll give way to his fears by struggling and screaming. This makes a thorough medical examination next to impossible, and the visit will be completely wasted. If the doctor has seen the child a few times when he's well, if he has made friends with him and got his confidence, he will understand the

child's mental and physical make-up much better than if he had never seen the child before.

First of all the doctor will question you. He will want to know if the child has been quite well since his last visit. Has he been eating and sleeping well? Is he active and energetic? Or cross and listless? Has he had any illnesses? Has anybody else in the house been ill?

Next he will want the child completely undressed and weighed and measured. He can then examine him thoroughly—his state of development and nutrition, his posture, his muscular tone, the condition of his skin, his general appearance and behaviour. After that he may want to listen to the heart and lungs, to feel the abdomen, to look at his teeth and tonsils. From this examination and from your story the doctor can decide if the child is growing and developing properly.

After this examination the doctor will have a talk with you and make some suggestions about your child's care. Ask any questions you like, but make sure before you go that you know exactly what he wants you to do, then carry out his instructions to the letter.

The Dentist

When your child is $2\frac{1}{2}$ years old and all his milk teeth are through, take him to the dentist. The milk teeth are just as important as the permanent teeth. Besides, if the first few visits are only for inspection and cleaning, as is likely to be the case, your child will have no fear of the dentist—on the contrary, he will often enjoy his visit. These visits should be made regularly every 6 months, so that the teeth can be examined and cleaned and any small cavities filled. Much can be done too to see that the teeth come through evenly and well-spaced. Ugly broken teeth and toothache, the results of neglecting a child's teeth, are familiar to us all: they are all preventable with proper dental care.

CHAPTER XIX

THE PREVENTION OF ACCIDENTS

MORE children die from accidents than from any one disease, and between the ages of 5 and 10 more children die from accidents than from all diseases put together. These grim facts you should never forget. A moment's thoughtlessness and all the care you have lavished on your child for years may be thrown to the winds. It is no good being sorry afterwards: you *must* think ahead and do all you can to prevent accidents. "Better a little chiding than a great deal of heartbreak."

Burns and Scalds

Every year 450 children under 5, mostly babies, are burnt or scalded to death. In addition there are scores of serious cases where the child recovers only to be left with appalling scars and lasting damage.

The law requires you to have a fireguard where there are children under 7 years old. It should have a wire top to it, for young children have been known to topple off a high chair over the fireguard and into the fire. One child started a serious fire by flicking a towel over the fireguard into the fire. It caught alight, and the frightened child then pulled it back and threw it under a chair, and soon the whole nursery was ablaze.

The kitchen is the most dangerous room in the house for young children. Never leave a young child playing about alone in the kitchen, even for a few moments. He may turn on the taps of the gas cooker, or burn himself on the oven door.

Turn all kettles and saucepan handles towards the back of the stove, out of reach of a child's hands.

Many serious scalds have been caused by the child tugging at the tablecloth and pulling everything, teapot and all, over himself. Always put teapots, cups or plates containing any hot liquid in the centre of the table, not near the edge where the

slightest touch will knock them over. It is wise to have no tablecloth where there are very young children.

Never leave a child alone in a room where there are buckets or tubs of boiling water on the ground. You may be called away to answer a bell, and in that minute or two the child may fall in.

Never add boiling water to a bath in which a child is sitting.

Exercise great care when you are frying in deep fat, which has to be smoking hot to be effective. Don't have your pan too full, otherwise the fat will boil over when you add what you are going to fry.

Always keep matches and cigarette-lighters and petrol lighter fluid well out of reach.

Take great care when you are dry-cleaning at home with benzene or petrol.

Don't use a stove or a gas fire where a curtain can blow into the flame.

Never let a child go to sleep with a lighted candle or night-light close to the bedside. He may turn over drowsily in his sleep and flick the bedclothes into the flame.

Hot water bottles should have a proper cover and be placed preferably between the blankets.

See that all your electric power points in the skirting are of the special safety pattern, and replace all worn flex promptly. Especial care is needed with such articles as electric kettles, electric irons, and portable electric fans.

Always see that the hot elements of an electric fire are properly protected.

Never have an electric fire or any electric appliances in the bathroom.

Switch off an electric iron immediately after use and put it away in a safe place.

Children under 5 cannot be trusted with fireworks, so especial care is necessary round about Guy Fawkes' night.

Street Accidents

Deaths and injuries from street accidents are still very common. The figures are startling—3 children are killed every

day and 60 are injured, 16 of them seriously. What can be done to prevent this appalling waste of life?

All drivers and all parents and teachers must be made aware of the fact that every year 1200-1300 children lose their lives in street accidents. There is still a decided apathy amongst the general public, for these accidents are scattered widely about the country and rarely meet the eye. All who deal with young children should share the responsibility of their education in traffic-sense, all drivers should be on their guard in built-up areas.

The main trouble is playing in streets. You cannot blame children for this if they live cooped up in slum areas, in places where there are no gardens. What else can they do? Statistics show quite clearly that where there is plenty of open space for children to play, there are far fewer accidents. During the War it was reckoned that 88% of mothers were doing household jobs, while another 7% were in factories or on war work—in other words, 95% of them were too busy working to keep a wary eye on their children. Much can be done by town-planning, by the provision of more parks and gardens in heavily built-up areas, to reduce the appalling frequency of street accidents.

Most children go to school at the age of 5: only a few attend nursery schools from the age of 3 to 5. An analysis of the time when accidents are most likely to occur shows that there are three peaks—at the school-leaving hours (12-1 p.m. and at 4-5 p.m.) and at 6 p.m. when motorists are going home. Fewer accidents occur when children are going to and from school. Coming out of school is a specially dangerous moment. It spells freedom and release of pent-up energy for the child, and he is apt to dart across the road full of fun, unconscious of danger, only to be knocked down before he has gone a few yards.

Many of these accidents are now prevented by the police, who stand on guard outside schools at the school-leaving hours, and many are prevented by mothers meeting their children out of school. Some schools have made the experiment of sending the children out of school into the playground early and letting them work off their superfluous steam for a few minutes before going home.

Education in the Home

Some children are feckless creatures who wander down the streets with their heads in the air and their minds far away ("Johnny Head-in-Air" of the nursery rhyme.) Others are bold and unbiddable, who when told *not* to run across the road wriggle out of hand from sheer devilry and are gone in a flash like a trout. A child wants to show his independence, he wants to feel grown-up, and this is his way of doing it. It is no good nagging and scolding and threatening him with a sound thrashing if he doesn't behave. Give few commands, but when you do command, expect instant obedience. Talk to him sensibly as you walk along the streets, show him the cars and buses and trams, and tell him how all sensible grown-ups look both ways before crossing a road, and how they always *walk* across, never run, for it is the ones who run who get knocked down and hurt. Teach him to use the island refuges and the special crossings, teach him to ask a policeman to take him across. Never let him play round a stationary vehicle.

Education at School

Some progressive boroughs now have the assistance of the police in giving talks to school children on care across roads. They make a change from everlasting school and are much appreciated by the children. Some schools have invented games where one child pretends he is a policeman directing traffic, while others pretend they are cars or pedestrians. Some schools use model cars and traffic lights and children, to drive home the same lesson.

Foreign Bodies in the Mouth, Nose or Ears

Never allow a child to put anything into his mouth apart from food and drink; if you find him doing so, stop him at once. A firm command at the outset may prevent a lot of trouble in the future—accidental poisoning, accidental swallowing of pins and needles, hair grips, etc. Never let him push things up his nose or into his ears, even in play.

Children have been known to swallow many tiny objects—pins, safety pins (open and shut), needles, hair grips, buttons,

marbles, small toys, etc. If such an accident should occur, don't panic—most of them will find their way through the stomach and intestines, and be passed in the motions within 48 hours. Very few get stuck and need surgical removal. Give the child a good plate of porridge, inform your doctor, and wait quietly.

It is quite different if the child should have a fit of *choking* after swallowing something, for then the swallowed object may have found its way into the air passages leading to the lungs. These cases can be very serious, so your best plan is to take the child to hospital at once. As a first-aid measure holding the child upside down across your knees and thumping his back may help to dislodge the object.

Things pushed up the nose or into the ears may easily be seen and easily removed. Don't use any force, for the nose and ears can readily be damaged. If it doesn't come away easily, see your doctor.

Poisoning

Keep all disinfectants, cleaning agents, cigarette lighter fluids and rat poisons in a locked cupboard, or well up out of a child's reach.

Keep all medicines in a separate cupboard, if possible under lock and key; and see that all bottles are labelled clearly. Never give a child a dose of medicine unless you have looked carefully at the label first.

Cuts

Knives, scissors and razors should be kept well out of reach. Short blunt scissors may be used, but only when a grown-up is present. Never let a child run about with anything sharp in his hand.

Don't leave mending materials, such as needles and thread, lying about on sofas or couches. Many children have knees that are permanently stiff from running a needle into the joint.

Falls

All windows should have proper bars.

A gateway is necessary at the top of a long flight of stairs.

Never leave pails, brooms or milk bottles on the stairs where a child may trip over them.

Defective stairs and banisters and frayed carpets at the head of stairs are dangerous. Have them mended promptly.

Defective lighting on stairs is a common cause of accidents.

Drowning

Toddlers have been known to drown in lily ponds and garden pools even though the water was only a few inches deep. Such pools should either be drained, or stoutly fenced off. Children of 1-5 should not be allowed near country streams or frozen ponds unless a grown-up is present.

CHAPTER XX

FIRST AID

KEEP calm. Remember that first aid is only *first* aid, not final aid, so call in your doctor for all but minor injuries, cuts, bruises, grazes and burns. Take the child to the doctor's surgery or to hospital, or ring up and tell him what has happened, so that he can bring the necessary instruments, bandages, stitches, etc.

Cuts

Wash the wound well with soap and water, then apply a clean bandage. If the wound is large and bleeding freely, it may require stitches. Apply gauze (or a clean handkerchief), a good layer of cotton wool and a firm bandage, and keep the child in bed until the doctor comes. Do not use iodine on open cuts—it stings badly and children hate it. No antiseptic is wanted.

Deep Punctured Wounds

Deep punctured wounds, i.e., deep wounds from a rusty nail or needle, may be very dangerous because of the risks of sepsis and tetanus. Deep wounds near a joint should always be regarded seriously. Apply clean gauze and a bandage and send for your doctor or take the child to hospital at once.

Grazes

Wash thoroughly with soap and water and apply a clean bandage. If the graze is *very* dirty, it may require wet antiseptic dressings of Eusol or saturated magnesium sulphate for several days, so call in your doctor. Do not apply iodine, for it stings and does little good.

Bruises

Apply a cold compress—a handkerchief soaked in cold water, in iced water, or Eau de Cologne—and bandage lightly. If the child has a bad bruise on the forehead and seems shaken,

put him to bed in a darkened room and let him have a good sleep.

Sprains

Apply a square of gauze well soaked in Eau de Cologne and cold or iced water, and bandage firmly. Next day take off the bandage and massage the joint gently with a little liniment. If the sprain seems severe, send for your doctor: there may be a fracture as well.

Mosquito Bites, Flea Bites and Bee Stings

With mosquito bites and flea bites, dab the puncture mark gently with undiluted Dettol or with weak Lysol (1 teaspoon to the pint). If the bite looks septic, apply a hot fomentation and get your doctor to see it.

Bee stings are best treated by applying weak ammonia. Hot fomentations may be necessary.

Bleeding

If the bleeding comes from a blood vessel of the arm or leg and is severe, lay the child down, apply clean gauze and a generous wad of cotton wool, bandage the cut *very tightly*, and send for your doctor at once. Stitches will probably be necessary.

Bleeding from the nose is usually trivial. Do not lay the child down, otherwise the nose may go on bleeding quietly for quite a long time. Reassure him, sit him well up, apply a handkerchief wrung out in cold or iced water to the nose, and compress both nostrils steadily for 5 minutes by the clock.

If the child is bleeding from a tooth socket, sit him up and reassure him. Let him rinse out the mouth well with cold water. Wash your forefinger thoroughly, cover it with a small piece of gauze (or a clean handkerchief), and maintain steady downward pressure into the socket (upwards if it is an upper tooth) for 5 minutes. Biting hard on a small cork covered with gauze is a useful first-aid measure.

Dog Bite

Wash the wound thoroughly under the tap, and apply a clean

bandage. Send for your doctor if the bite is deep. He may want to cauterize the wound, so do not apply any antiseptics.

Burns and Scalds

If very slight (i.e., not more than one inch in diameter) apply tannic acid jelly, and bandage lightly. In all other cases, call in your doctor *at once* or take the child to a hospital. Do not apply any oily solutions first. Burns and scalds are a very common cause of accidental death in early childhood. Some 450-500 children die every year from them, so they are not things to be taken lightly.

Sunburn

If the skin is red over a small area, apply calamine lotion and a light bandage, but if the skin is reddened over a large area, or if it is at all blistered, put the child to bed and call in your doctor. Some of these cases go septic, so do not attempt treatment without proper medical advice.

Poisoning

Do not lose your head, and do not waste time in trying to find out the proper antidote. Send for your doctor, and let him know what the child has swallowed, so that he can bring whatever is necessary. Meanwhile make the child sick by giving him warm soap suds or salt and water to drink.

Swallowing Small Objects

This is rarely serious. Most objects pass into the stomach and traverse the gastro-intestinal tract without doing any harm. Things like pins and safety pins and small glass marbles will be passed in the motions in a day or two. Do not panic, and do not give castor oil. Ring up your doctor and tell him what the child has swallowed, in case he thinks an X-ray is advisable. All motions will have to be watched carefully for the next few days.

It is entirely different if anything gets into the air passages. The first symptom of this is choking, and *treatment is urgently necessary*. The air passages in a child are very small, and he can easily lose his life from suffocation if you do not hurry.

Every second counts. Do not waste time trying to reach the object with your finger. Pick the child up by the waist, hold him head downwards, and shake him vigorously, or put him head downwards over your lap and thump his back smartly.

If the object swallowed is small, i.e., a pin or a peanut, it may not obstruct the child's breathing but it may stick in the air passages. Repeated coughing should make you suspicious of this. Such cases are very dangerous, so take your child to hospital for an X-ray without delay.

Fractures

If the forearm seems to be broken, support the arm in a sling: if it is the upper arm, bind the arm to the side by bandages running round the chest. The best first aid treatment for leg fractures is to bandage both legs firmly together, when the sound leg acts as a splint to the broken leg.

Send for your doctor or take the child to hospital at once. Meanwhile if you suspect a fracture do not let the child walk or use his arm.

If the fracture is compound, i.e., if one of the bony fragments has broken through the skin, cover the wound with sterile gauze or a clean handkerchief, and take the child to hospital at once, for immediate operation will be necessary. Do not apply antiseptics or attempt to set the fracture yourself.

Falls on the Head

Young children can stand considerable falls on the head without suffering any damage to the skull and brain. As a rule they just bounce, and the only person who needs treatment is the mother who is terribly worried that her child may be permanently injured and that she is to blame for the mishap. Very rarely a child will lose consciousness and become dazed, and this may last anything from a few minutes up to several hours. This is concussion and it must always be treated seriously. Put the child to bed in a darkened room and keep him there until the doctor arrives; or, if the fall was severe, take him to the nearest hospital at once.

But much more often there is no loss of consciousness and nothing to show for his trouble beyond a big lump on the head,

which should be treated as an ordinary bruise. Keep the child in bed for a few hours and give him a light diet; but if he wants to run around and strongly objects to rest, he cannot have much of a headache and he cannot have hurt himself badly.

Convulsions

Do not lose your head. Although convulsions look terrifying they are rarely fatal unless they are recurrent. Ring up your doctor at once, or send him a message to let him know what has happened, so that he can bring the appropriate sedative. Meanwhile, since convulsions often occur with high fever, it is good first-aid treatment to put the child into a tepid bath and to apply cold water to his head. Most convulsions stop in a minute or two: very few last upwards of half an hour.

Once the convulsion is over, put the child to bed. It is then of the utmost importance to find out what is the cause of the attack, and this is a job for your doctor. Sometimes convulsions are a legacy of a birth injury to the brain, sometimes they point to an acute infection of the brain, but usually no cause can be found—the convulsions are simply associated with high fever. Overfeeding, especially with large amounts of milk and cereals, constipation, too little exercise and fresh air—these are usually responsible; so when the convulsions have ceased, empty the bowel with 1–2 teaspoons of castor oil or with an enema, and give nothing but water, or fruit juice and water, for the next 12–24 hours. When you begin food again, see that the diet is *very light* and milk reduced to a minimum. Sometimes convulsions are associated with acute attacks of tonsillitis, sometimes with teething, but this merely means that tonsillitis and teething act as a trigger—the gun must also be loaded, and in my experience the loading of the gun is due to too much food or too rich food or both being given for many weeks or months previously. A return to very light simple meals, with the strict avoidance of constipation, together perhaps with a brain sedative (which your doctor will prescribe) taken steadily over 2–3 months will put matters right. Convulsions are a sign that your child is far from well, they are a danger signal which you neglect at your peril, for convulsions can recur and they can be fatal.

CHAPTER XXI

THE SICK CHILD

EVERY mother should be able to recognise when her child is ill, so that she can call in her doctor without delay. Sometimes the symptoms are acute and dramatic—the child suddenly develops fever, a rash, abdominal pain or vomiting; but sometimes disease creeps on quietly and insidiously, and it may be difficult to decide when the child began to go off-colour. It is important then to suspect illness if your child begins to look and behave differently from usual. Watch him closely but without letting him guess that he is being watched, and if you are uncertain about his health, call in your doctor straight away. Don't attempt to diagnose and treat the child yourself, unless you live far away from a doctor and can do nothing else.

Signs of Illness

Fever

Buy a tested thermometer. They are a little more expensive than ordinary thermometers, but they are guaranteed accurate. They are usually marked $\frac{1}{2}$ minute on the stem, but it is wise to use them for about double that time. Ask your doctor or a nurse how to take the temperature, if you are not sure, and practise reading your child's temperature when he's well. He won't mind then when he's ill.

In young children of 1–2 the temperature is best taken in the rectum. Shake the thermometer well down, grease the mercury tip with petroleum jelly, lay the child on his side, and slip the thermometer into the rectum until the mercury is just out of sight. Keep it there for a minute by the clock, then take it out, read it, and write down the temperature and the time when you took it. Hold the child's legs firmly and keep him quiet, otherwise he may wriggle and break the thermometer. After use, wipe the thermometer, wash it thoroughly under the *cold* tap (hot water will break it) and put it away in its case.

The temperature can also be taken in the fold of the groin.

If used here, a $\frac{1}{2}$ minute thermometer should be kept in position for a full 2 minutes to ensure accuracy. At the age of $3\frac{1}{2}$ or 4 a small child can usually have the temperature taken in the mouth.

Normal temperature in the mouth or in the groin varies from 97.6° to 98.6° : in the rectum it is about a degree higher. A sub-normal temperature hardly ever means anything serious—it is common, for example, during convalescence from any feverish illness. A raised temperature usually means infection, but in childhood fever may be due to trivial upsets—a cold, a slight sore throat, constipation. A child is far more likely to have high fever when he is ill than is an adult, and when he has fever, it is often at a higher level. An adult with a sore throat, for example, might have a temperature of 101° ; a child could easily be 104° . High fever then does not necessarily mean that an illness is serious, nor is it right to think that because a child has no fever he can't be ill, for some of the most dangerous abdominal catastrophes occur without any rise of temperature. In an ailing child a regular daily rise in temperature, though quite slight, may be just as important as a short sharp fever. The thermometer must be used then with discretion—the look of the child, his colour, his behaviour, the symptoms he shows (e.g., cough, pain, vomiting) are of equal importance.

A child may have fever at any time of the day or night, but usually it is higher in the evening than in the morning. The temperature should be taken regularly at 10 a.m. and 6 p.m., also on waking and at 2 p.m. if the child is seriously ill. One last point: Never wake up a child to take his temperature. Sleep is of far greater importance.

Refusal of food. This is only important when the child has been eating well previously.

Irritability. Always suspect illness if a child who is usually happy and active suddenly becomes listless and fretful and wants to lie about or be nursed.

Pain. Persistent pain in any part of the body—abdomen, head, neck, ears, throat, chest, limbs and joints—are danger signals which you should never ignore.

Cough. This is more likely to be a sign of illness in a child than in an adult.

Diarrhæa.

Vomiting.

Rash.

Sore throat.

A runny nose. Often the earliest sign of measles.

Fits. Twitchings of the face, arms and legs.

Drowsiness. Always suspect illness when a child wants to go to sleep, and asks to be put to bed when he would normally be playing.

If your child has any of the signs of illness listed above, put him to bed and take his temperature. Send for your doctor:—

1. If the temperature is over 102° and shows no signs of settling in a few hours.
2. If the temperature is over 100° on two successive evenings.
3. If the child seems really ill or has acute pain in any part of the body.

What to do till the Doctor comes

Put the child to bed in a quiet cool room.

Keep the other children away.

Stop *all* food and give nothing but water, or fruit juice and water. (Many mothers cannot find it in their hearts to carry out this advice. The child asks for some favourite food and the mother gives it to him, only to find an hour or two later that he has been violently sick. Giving food to a child with high fever will do him no good. "He does love it so" is not a good reason, for a child cannot be expected to know what is best for him.)

Give no medicine whatever, in particular, never give a purgative to a child with abdominal pain.

Take the temperature 4-hourly—at 10 a.m., 2 p.m. and 6 p.m.—and write it down.

If the temperature is over 103° , don't panic. Sponge the child all over with cool water and give him a cool drink—this will probably bring the temperature down a degree or two. Half an aspirin will do him no harm if he complains of headache.

If he passes water or a motion or vomits, save a sample for the doctor.

Get a pencil and paper and jot down a record of what has happened since your child fell ill—his temperature, his behaviour, how often he has passed water or had the bowels open, and anything else you think important. When did you first notice anything wrong? What was the first symptom? Has he ever had anything like this before? Is anybody else in the house ill?

Nursing the Sick Child

Put the child to bed and keep him there until he is well again. If he has had fever for more than 3 days he should stay in bed for at least 48 hours after his temperature has returned to normal and stayed there. Children recover so quickly that they clamour to get up before it is really safe for them to do so. Getting up too quickly after a feverish illness is one of the common causes of complications, so it is wise to insist on a few extra days in bed.

See that his bedroom is light and airy, if possible; and if he can have a room of his own, so much the better. Windows should be left wide open in summer time,* and even in winter they should only be shut when it is foggy. Bedclothes should be few and light, so that the child is comfortably warm—that and no more. The higher the temperature, the fewer the bedclothes—that is the rule. A common mistake is to shut the window, to pile on extra blankets and a heavy eiderdown, with the result that the child sweats and swelters under their weight and becomes more restless and feverish than ever.

Treat the child in an easy, matter-of-fact way, but don't throw discipline to the winds. However worried you may be, don't let the child see it. He has no anxiety, no fear of death or disablement, and unless he's in actual pain illness to him is quite an interesting experience. Keep his room cheerful and tidy, and carry out all the nursing firmly. To coax, to bribe, to show uncertainty or hesitation are all bad—a child appreciates a little firmness. Don't throw the reins away: keep a light but firm hold on him.

If the temperature is over 103° sponge the child all over with

* Nursing a child on an open-air balcony or out in a garden is excellent, if this is possible.

cool water every 4 hours when he's awake, put on a fresh sleeping suit or pyjamas if the old ones are clammy, and fluff up his bedclothes. A cool sponge last thing at night freshens him up, and will often make him drop off into a blissful sleep. Many children like the cool feel of a handkerchief soaked in Eau de Cologne on the forehead.

Give plenty of drinks. The best is cold water, or fresh fruit juice and water. If the child is very feverish, offer him 3-4 oz. every hour while he's awake. The old recipe for fever was "Water inside and water out". This should still be the sheet anchor of your treatment. A feverish child is often fretful and apt to refuse drinks: if so, try him with a little jelly, or perhaps with some clear soup or beef tea. Milk is best avoided, for it turns into curds and whey in the stomach, and the tough curds often lead to abdominal discomfort, wind and vomiting.

If the temperature is high, give no solid food whatever until the doctor orders it. In illnesses that do not upset the digestion, give a simple diet of soup (thick or clear), toast, cream crackers, biscuits, sponge fingers, a little fresh fruit or stewed fruit well mashed up, all in small amounts. Most children like food when it looks and tastes delicious, when there isn't too much of it, when there's a paper serviette on the tray as a treat.

If the child is feverish and taking little or no food, the bowels will cease to act as frequently as usual. This usually requires no treatment, for once the fever has gone and the child is eating well again, the bowels will act of their own accord. Occasionally an enema is necessary. Never give a laxative without a doctor's advice, particularly in cases of abdominal pain.

The child will want something to while away the time in bed. He loves the tiny present you pull out of your pocket—it can be very simple and inexpensive. The pleasure of anticipation, the thrill of guessing what's in the parcel, the excitement of unwrapping the present—this is what makes the fun. Here is a brief list of things that young children like, but there are, of course, hosts of other things:—

A box of crayons and a book to colour.

A tiny doll or teddy bear.

A few books.

A packet of playing cards.

A jig-saw puzzle.

A doll's tea set.

A toy grocer's shop.

An empty scrapbook, a heap of old illustrated magazines to cut out, a pair of blunt scissors and some paste.

A pot of flowers to water every day.

A goldfish in a bowl.

Convalescence

The objects of convalescence are:—

1. To restore tone to the nervous system.
2. To raise resistance to infection.
3. To build up wasted muscles.
4. To restore vigour to the mind.

Gaining weight is not everything; indeed, in long-continued illness you will often see the brunt of the onslaught borne more by the mind than by the body. The child becomes nervously exhausted. Easily tired, he cries at the slightest provocation, he lapses into old bad habits, and from being sunny tempered he becomes a prey to sudden gusts of passion and anger, a squabbler, a grizzler. Every prolonged illness or operation takes its toll of a growing child. Illness always causes some setback, so allow plenty of time for convalescence, for many a child pulls through the acute stages of an illness only to suffer a severe setback later, because too much has been attempted, and too soon. Three to four weeks holiday should be the minimum, even after a trivial operation such as removal of tonsils and adenoids.

After all but the most trivial illnesses the child will need a change of air. When he arrives at the place you have chosen for him, do let him go slow for a day or two. Extra rest is very necessary, so let him get up late, have his midday nap regularly, and go to bed early. Don't be in a hurry to harden him. Beware of strong winds, which quickly tire a child. Be careful too of bright sunshine, especially during the mid-hours of the day, for young children after a serious illness do not tan so readily as before.

After a serious illness a child sweats a great deal when

exercised, and he will continue to do so until his skin has recovered its normal tone. Frequent and prolonged hot baths are debilitating: a quick sponge down with warm water, followed by a brisk rub down with a rough towel, is often better.

After most illnesses there is serious setback in a child's mental activities. Memory, will and imagination have all been weakened, and things which he had learnt to do well are now done with difficulty, if at all. He may fall back into bad habits long since outgrown, such as stammering or bedwetting. He may forget how to walk, how to run, even how to speak; and it may be months before he has recovered the lost ground. Re-training of the sick mind is just as necessary, therefore, as building up the body. Don't talk about his past illness, or if you do, treat it as a thing of the past, rather a bore, not worth mentioning. Don't let him be sorry for himself, however ill he may have been, however much he may still be handicapped by his illness. Keep cheerful, carefree and gay, and not too concerned about him (at least, not obviously so). Give him time to get over his lapses, to relearn all he has forgotten, and see that he has plenty of rest between his bursts of activity, and plenty of sleep at night.

When a child gets up after any long-continued illness, his leg muscles are bound to be weak and feeble, so when he starts to walk again he is very likely to tread over on the inside of his ankles and develop flat feet. It is a good plan therefore to let your doctor see him, in case the inner side of his shoes needs building up.

At no time is diet so important as in convalescence. All prolonged illness wastes muscles, all exhaust a child's reserves of protein and vitamins, so see that he has a first-rate diet, and make sure that all he is given is as fresh as possible—milk, butter, meat, fish, eggs, chicken, fruits, salads, and vegetables. Don't stint him in any way, but equally don't force food on him if he isn't ready for it. Let him have plenty of sleep and fresh air and wait till his appetite comes back naturally.

Finally, a word on tonics. Put no faith in patent medicines, however glowing the advertisements may be. Sleep, fresh air and sunshine, warmth, exercise, good fun and games—these are the only real tonics.

CHAPTER XXII

COMMON DISEASES OF CHILDHOOD

IN general practice 60–70% of a doctor's daily work with children between the ages of 1 and 5 consists in dealing with:—

1. Digestive disturbances.
2. Coughs, colds and sore throats with their complications—enlarged tonsils and adenoids, swollen glands in the neck, ear disease, croup, asthma, bronchitis and pneumonia.
3. The acute infectious fevers—measles, mumps, chicken pox, whooping cough, etc.
4. Difficulties in management.

These are the illnesses to which brief reference must be made here. But first a word on prevention. With the exception of the acute infectious fevers which all children are bound to have sooner or later, I believe that most of the common ailments of childhood can be prevented with good feeding and general care. Illnesses do not drop from a blue sky to attack a child in perfect health. They arise because the defences of the body have been gradually sapped and undermined by mistakes in feeding and general care till he falls an easy prey to any infection to which he is exposed. The constitution of the child you can do nothing to alter—he inherits powerful muscles and a good digestion as he may inherit a tendency to asthma or infantile eczema; but his care and feeding are in your hands, and you can make or mar him by what you do for him, particularly during the second year when he has not yet reached the stage of running about vigorously, when he cannot feed himself.

In my experience, children fed on a light and varied diet, with plenty of exercise, have far less illness than those who are overfed and underexercised. (See Chapters II and III.)

Colds

Colds are contagious. Though trivial to a grown-up, in a child they may easily develop into bronchitis, pneumonia, or ear disease, so keep your child away from everyone who has a cold. As soon as he starts to be ill, put him to bed and keep him there for 2-3 days. Dress him either in his night-clothes with a warm dressing-gown over them, or put him in his ordinary day-clothes—it does not matter which, as long as he is kept comfortably warm. Keep the windows open unless it is very cold and rainy, and don't make the air stuffy by keeping on a gas fire in the bedroom all day. As for diet, give him a light and easily digestible diet, about half of what he usually eats, with extra fluids such as fruit juice and water; and give him a dose of some mild laxative such as "Milk of Magnesia" or syrup of figs, to make sure that the bowels act. Don't give much milk, for milk has to turn to curds and whey in the stomach, and often the heavy curds will make a child vomit. Water, fruit juice and water or clear soup are better. Nasal drops do little good, ointments rubbed on to the bridge of the nose are worthless, and rubbing the chest with liniments finds little medical support nowadays. A little cold cream or zinc cream will prevent the upper lip from becoming red and sore. Soft paper handkerchiefs, which can be burnt after use, will save a lot of washing. There is no drug that will cut short a cold.

Treated in this way a cold soon runs its course without complications, but mistakes in treatment are common. Many children are allowed out of doors when they have a cold, or they are kept running about indoors, since the mother says she cannot keep them in bed, but clearly this is just a matter of firmness. Several other infectious diseases (e.g. measles) start with fever and a running nose, so it is always wise to take a child off his feet and isolate him for a day or two. Children with colds are often plied with food, but it is best to take a leaf out of Nature's book, to remember that all animals starve when they are ill, and a child should be no exception to the rule.

Coughs

Any child that has a cough should be put to bed and kept

there until a doctor has seen him, and the diagnosis is clear. Coughs may be due to many things:—

1. Infections of the nose and throat or upper air passages, e.g., colds in the head, tonsillitis, bronchitis.
2. Severe infections of the lungs such as pneumonia or tuberculosis.
3. Whooping cough.
4. Objects accidentally swallowed, e.g., a tintack in the air passages.
5. Irritation of the stomach or intestines, e.g., chronic indigestion, constipation.

Sensible treatment is impossible without accurate diagnosis, so it is no good buying a bottle of cough mixture and hoping for the best. If your child seems ill and coughing is the main symptom, don't attempt to make the diagnosis yourself. Call in your doctor and leave it to him.

The important symptoms of bronchitis and pneumonia are high fever, cough, and rapid, difficult breathing. Send for your doctor at once, for penicillin, the sulphonamides and oxygen are truly life-saving. Asthmatic bronchitis and asthma are recognised by the wheezing in addition to the difficulty in breathing. Strict rest in bed, complete starvation for 48 hours, plus a prompt and efficient laxative usually stop the attack rapidly.

Croup comes on suddenly and dramatically at night. The child has a slight cold but falls asleep readily enough, only to wake a few hours later "barking like a dog", in great distress, breathing with difficulty, with a rough, rasping cough and hoarseness. But cry and voice are usually strong in spite of the hoarseness, but he is frightened and his fears make him worse. The attack lasts 2-3 hours, then it subsides and the child falls asleep again, worn out. Next day his breathing is quite normal though he may still have a short, hard cough. The attack may recur for the next 2-3 nights. No matter how alarming the symptoms may be, croup is never dangerous; so keep calm, reassure the child, and don't let him see that you are worried. As first-aid there are several things you can do:—

1. Apply hot fomentations over the front of the neck.
2. Give the child hot drinks, for these will help to relieve the spasm.
3. Rig up a steam kettle, so that the child can breathe moist air.

The ordinary attack of croup lasts only for an hour or two at night, and next day the child is more or less normal. If, however, the hoarseness and fever persist, the diagnosis is in doubt, so you should see a doctor.

Croup commonly affects great big children, especially those who have been given plenty to eat "to keep up their strength" during a cold, and those who are given a large tea followed by a supper of milk and biscuits. Once the attack is over, it is best to revert to the three light meals a day and *no* supper, as advocated in this book, and to keep milk down to a minimum.

Asthma

Asthma is so common that many big hospitals now run special asthma clinics, so a few words on this subject may not be out of place. Most children start the disease between the ages of one and five. At first the child has attacks of a wheezing bronchitis, which come and go with great rapidity, only to recur after a short interval. Indeed, any child who has many attacks of "bronchitis" should be suspected of having asthma. After some months the attacks tend to recur with more spasm and less fever, till the child even in the intervals has a wheezy chest, while in the attack he sits up in bed and pants for breath and is extremely distressed.

From personal experience of this disease and experience in hospital and private practice, I am convinced that asthma can be completely checked in early childhood. The gist of the matter is this: Asthma in childhood is a toxic disorder due to errors in diet, particularly to difficulty in digesting proteins (e.g., milk, cheese, meat, fish, oatmeal, eggs). Blood chemistry shows this clearly. In the attack the essentials of treatment are:—

1. To put the child to bed.
2. To give sips of water but *to withhold all food.*

3. To empty the gut either by an enema or by a brisk purgative.
4. To get your doctor to give the child adrenalin, if the attack is severe or prolonged.

Once the attack is over the real treatment of asthma begins. Give a light diet—a light breakfast, a good lunch, and a light tea—with nothing in between. Don't give any supper. Keep all proteins, especially milk, to a minimum, and remember: Milk taken last thing at night acts like a poison on most asthmatics. See that all food is well mashed up or cut up, and don't let your child bolt his meals. His teeth may need attention: if some are decayed, see your dentist. Never give your child a meal when he is tired—it is much better to let him sleep, and take food later when he is thoroughly rested. Don't force food—indeed, one might almost say the less the food, the less the asthma. Anyway, a thin child without asthma is much better than a well-fed child who is never free from wheeze, for every attack blazes the trail for further ones. Give your child plenty of water, or fruit juice and water, to keep the bladder and bowel acting well. Take especial care to prevent your child from becoming constipated. (Small doses of rhubarb and soda, *taken over several months*, are often invaluable.) Don't pamper the child and tie him to your apron strings, but let him get out into the open air as much as possible and take plenty of exercise.

These are the sheet-anchors of treatment, and they are of vastly greater importance than all the thousand and one drugs recommended for asthma. Last, but not least, the outlook depends on the mother's intelligence, determination, and patience. Given these three, I have little doubt that asthma in childhood can be checked. You will notice I do not use the word "cured", for the truth is that relapse can always occur if a child (or adult) slips back into his bad old ways. "Once an asthmatic, always an asthmatic" is only true if the mother has not learnt how to keep her child fit and well. The cure for asthma is to change the child's whole mode of life: there is no short cut.

Enlarged Tonsils and Adenoids

The tonsils are the small, soft, spongy structures that lie on each side of the throat: the adenoids are similar structures lying at the back of the nasal passages. They act as filters, killing any germs that may enter through the inspired air. As such, they are an important first-line of defence against infections, but once they get clogged and choked with germs they become a menace to the child's health. Chronic infection of the tonsils and adenoids is often the cause of repeated colds, sore throats, swollen glands, earaches and ear discharge.

Tonsils and adenoids that are merely large should not be removed if they are not infected and do not interfere with the child's breathing; but if they appear septic, especially if they are associated with recurrent ear trouble, persistently enlarged glands in the neck, or deafness, an operation is necessary.

Enlarged tonsils and adenoids are, in my opinion, largely preventable. There may be a constitutional factor, but experience shows that if children are brought up on a light and varied diet with plenty of exercise, their tonsils remain flat and uninfected. It is the overfed child, especially the child overfed with sugar and starch, that develops swollen tonsils; but if the diet can be corrected before secondary infection has taken place, the tonsils will shrink and subside in a few months.

Ear Disease

Always call in your doctor—if a child has pain in the ear or ear discharge, especially if it is continuous and accompanied by fever. The discharge comes from an abscess in the middle ear which has burst its way through the ear drum. It should never be taken lightly, for if care is not taken the abscess may burst in other directions—into the bone behind the ear, for instance, giving rise to mastoid disease. Many children become deaf in childhood or in early adult life because of a neglected ear discharge, and many die every year from the complications of ear disease, yet it is still only too common for mothers to regard an ear discharge as a trivial affair.

If your child, then, has a sudden ear discharge or seems to have pain in the ear, put him to bed and call in your doctor. Prompt treatment with drugs discovered during the last few

years—penicillin, sulphonamides, etc.—will heal the ear rapidly and lessen the risks of deafness. Mopping out an ear discharge and putting in drops need to be done thoroughly, so it may be best to arrange for a nurse. If an ear discharge persists for 2–3 weeks the child needs the opinion of an ear specialist without delay. Never let an ear discharge go on week after week in the mistaken idea that the child will grow out of it. It is true that in the course of time it may lessen and gradually disappear, but in the meantime, even if the child escapes such a serious complication as mastoid disease, the seeds of chronic deafness in early adult life may have been sown. Teething does *not* cause ear discharge. If a child has an ear discharge every time he cuts a tooth, there is something radically wrong with him, he should see a doctor.

Occasionally pain in the ear is due to a decayed back tooth, or to a boil at the entrance to the ear, and sometimes it is the first symptom in throat disease such as tonsillitis or diphtheria—all conditions that need a doctor's care.

If at any time your child does not hear perfectly, you should arrange through your doctor to have him seen by an ear specialist at the nearest hospital. Never wait and see—go at once.

Sometimes a child will stuff things in his ear out of sheer curiosity—perhaps a bead or a pea or a piece of stick. Do not attempt to get it out yourself, unless it is very near the surface and you can get at it easily, otherwise you are more likely to do harm than good. It is much better to get a doctor. Wax in the ear is not usually bothersome. Every now and then when you are bathing your child, soap his ears well and dry them thoroughly with the corner of a towel. Never use a hairpin to remove wax: it is too risky if he should chance to move.

Bilious Attacks

Many serious illnesses masquerade under the cloak of bilious attacks, and many children have lost their lives because an illness starting with vomiting and abdominal pain was thought to be "just a bilious attack" whereas the true diagnosis was appendicitis or intestinal obstruction. Often a dose of castor oil has been given and the doctor not called in until several days

later when it was obvious that the child was seriously ill, and then operation has been too late. In all cases of abdominal pain lasting more than a few hours it is wise to call in a doctor.

There are, however, children who have repeated bouts of vomiting every few weeks. Sometimes these attacks go by the name of bilious attacks, sometimes "acidosis", sometimes "cyclic vomiting". Usually it is possible to forecast the onset of an attack, for the child becomes finicky over his food, pale and tired and "all eyes". He is listless and irritable, often yawning a good deal, complaining of pains in the head and limbs; and then within 12-24 hours suddenly the vomiting begins, severe and distressing. At first only food is brought up, later bile-stained fluid and mucus, with occasional streaks of blood if the vomiting is severe and persistent. Nothing is kept down, not even water, and soon the child is gravely ill, in a state of collapse, restlessly calling out for drinks but vomiting before he has taken more than a few sips. Constipation is the rule rather than diarrhœa, and often the motions are noted to be pale. After a day or two the vomiting gradually subsides, leaving the child pale, weak and exhausted. The longer the attack lasts the more dangerous it becomes and fatal cases are by no means unknown, so a doctor should be summoned in all but the milder attacks.

If you think an attack is imminent you may be able to prevent it by putting the child to bed at once, by stopping *all* food and giving a double dose of the purgative that has suited him well in the past. Once vomiting has begun the treatment is rest in bed, emptying the bowel by an enema or glycerine suppository, and teaspoon doses of glucose and water (6 tablespoons of glucose to the pint) every hour by mouth.

Once the attack is over you must get to the root of the trouble. Bilious attacks usually affect children with quick brains, easily fatigued, easily over-excited, so peace and quietness and damping down the nervous excitability are called for. Diet is of the greatest importance, for many of these children with bilious attacks are intolerant to fat. (*See Chapter III.*)

Sudden Short-lived Attacks of Fever

This is, of course, a problem for your doctor to solve, but

it is as well, perhaps, for you to know what are the commonest causes:—

1. Colds in the head, often with secondary involvement of the ears.
2. Unrecognised attacks of tonsillitis. (*N.B.* It is uncommon for a child of 1–5 to complain of a sore throat.)
3. Gastric attacks—the overfull stomach (particularly after parties!) or chronic indigestion, often associated with vomiting and the passage of hard or pale motions. Especially liable to occur in fat-intolerant children.
4. Transient attacks of cystitis or pyelitis—inflammation of the bladder or kidneys. (*N.B.* It is always wise to save a specimen of the child's urine for your doctor to examine.)

Worms

Three sorts of worms may infest young children—threadworms, roundworms, and tapeworms. The last two are rarely found: only threadworms are sufficiently common to merit a brief note here.

The trouble arises when eggs of the threadworm, invisible to the naked eye, are swallowed in uncooked salads or raw fruits and vegetables. These tiny eggs hatch out in the neighbourhood of the appendix into small mature worms about half an inch long, looking like tiny pieces of cotton when seen actively moving about in the motions. When mature the worms migrate to the back passage and at night, soon after the child has gone to bed, they emerge to lay their eggs in the folds of the skin round the opening. This leads to irritation round the back passage and scratching, severe enough sometimes to cause lack of sleep and bedwetting. (In small girls the irritation may spread to the vaginal opening and is a common source of soreness there.) By scratching the fingers and finger-nails become infected with the microscopical eggs of the worms, and it is easy then for the child to become re-infected whenever he feeds himself or if he is given to thumb-sucking; and so a vicious circle is set up, a circle which it may be very difficult to break.

Threadworms rarely infest children whose digestion is per-

fect. They are much more commonly found in children who suffer from long-standing intestinal indigestion, children with pallor and haloed eyes, poor tone and a prominent abdomen, children whose motions are constantly unhealthy and full of mucus. The first essential in treatment then is to restore the child's digestion to normal by careful dieting (*see* Chapters II and III). The hands must be thoroughly washed before every meal, finger-nails cut short and kept clean. A little mercury ointment should be rubbed round the back passage when the child has been bathed and is ready for bed. Pyjamas or a sleeping suit are better than a nightdress, for they make it more difficult for a child to scratch himself. There are several drugs available to get rid of the worms—gentian violet pills, diphenan santonin, etc. Your doctor will prescribe whatever he thinks is most suitable, also any appropriate medicines such as malt or rhubarb and soda, that may be required for the indigestion.

One further point: when a child has had threadworms for some time, the microscopical eggs can be found widespread in his clothes and bedclothes, even in the dust of his bedroom, so other children in the same room can easily become infected, as may the mother or nurse. If, then, a child is known to have persistent threadworms, it is essential for all other children and the grown-ups who attend to them, to have their motions examined for the presence of worms; otherwise, if one is treated and the others not, infection may linger on drearily for many months.

Diarrhœa

Call in your doctor or take your child to hospital at once

1. If the diarrhœa is severe and continuous, especially if the motions are very loose and watery.
2. If there is high fever as well as diarrhœa.
3. If the child seems really ill, whatever his temperature may be.
4. If he is passing blood and mucus in the motions.

Diarrhœa can quickly become serious, especially in hot weather, so unless the diarrhœa is quite slight and the child's general condition little affected it is best to get proper medical

advice at once. The younger the child, the more necessary is it not to wait.

Diarrhœa has two main causes:—

- (a) Infected food, milk, or water, e.g., infective gastro-enteritis, dysentery, typhoid fever.
- (b) Dietetic errors, such as excess of food, indigestible or unsuitable food, e.g., too much fat in the diet, unripe fruit such as green apples, etc.

A diarrhœa due to any other cause is seldom seen in children between the ages of two and five.

The principles of treatment are simple—rest the child, rest the bowel, and restore the water lost in the motions. At the onset of diarrhœa, therefore, your wisest plan is to put the child to bed at once and to keep him there, comfortably warm, until the diarrhœa has gone. This is where many mothers go wrong: they let a child run about until he is really ill. Sometimes the feeble excuse is given that he wouldn't stay in bed, but this merely shows lack of determination on the mother's part. Given firmness plus kindness and a handful of books and toys in bed there are few children who will not respond. If the child is young and tends to rampage about his cot, it is best to dress him in his everyday clothes, otherwise he may get cold. In hot weather the child naturally will require few clothes and bedclothes.

Next as to diet: this may conveniently be divided into four stages. The all-important point is not to be in a hurry in advancing from one stage to another, for this is the commonest cause of a diarrhœa that drags wearily on from week to week—the child was not treated promptly enough or rigorously enough at the outset. If your child is back on his usual diet in a week, you will have done quite well. To try to get him back to normal in 2–3 days may only lead to a relapse.

Stage 1. (To last 12–24 hours, depending on the severity of the case)

Give no food whatever. Give nothing by mouth but fluids—2–3 hourly drinks of cold water, barley water, home-made lemonade, fruit juice, clear soup, or beef tea. Drinks may be

sweetened with cane-sugar—there is no special virtue in glucose—and if the diarrhœa is bad, it is well to add a tiny pinch of salt to all drinks. Milk is to be regarded as a food, not as a drink. Children with diarrhœa do best without it.

Stage 2. (To last 2–3 days)

Give fluids freely as before, and in addition give a few fingers of toast with a little honey, one or two plain biscuits, cream crackers, or a sponge finger.

Stage 3. (To last 2–3 days)

As in the previous stages, but now give small amounts of sieved apple pulp, mashed banana, milk puddings, or cereal with a little sugar and milk.

Stage 4. (To last 2–3 days)

As in the previous stages, but now add small amounts of steamed fish well pounded up and mashed potatoes, a little lean meat or chicken well cut up, tiny sandwiches (honey, marmite, jam, etc.), with only a scraping of butter.

Fat in any form—milk, butter, eggs, fried food, suet, cod liver oil—is best avoided or given very sparingly for a few days; and nothing should be given that is indigestible, tough or stringy—such things as the pips and skins and seeds of fruit.

Treated promptly on these lines an attack of diarrhœa will subside rapidly; treated half-heartedly without rest in bed and restriction in diet, it may drag on for many days. A few children will need medicine; a few, the seriously ill, will need immediate admission to hospital—that is for your doctor to decide. Don't give castor oil without medical advice, for occasionally a child acutely ill with an abdominal complaint needing immediate surgery will begin his illness with diarrhœa, and then the giving of castor oil may tilt the scales between life and death.

Vomiting

An acute attack of vomiting may be due to many causes:—

1. To eating food which is indigestible, e.g., a green apple, a surfeit of ice cream;

2. To eating food which has been contaminated by germs, e.g., acute gastro-enteritis;
3. To some substance accidentally swallowed, e.g., some disinfectant;
4. To car or train sickness;
5. To the acute onset of many infections, e.g., tonsillitis, scarlet fever, inflammation of the kidneys;
6. To the onset of serious surgical conditions, e.g., appendicitis, intestinal obstruction;
7. To infections of the nervous system, e.g., meningitis, infantile paralysis.

Repeated attacks of vomiting may be due to:—

- (a) Acute liver and gastro-intestinal breakdowns due to excessive food, fats or starches or both;
- (b) Emotional upsets;
- (c) Serious disorders of the nervous system, gastro-intestinal tract, and kidneys.

Sometimes the reason for the vomiting is obvious at a glance at what the child has vomited, sometimes it is clear from the child's history, sometimes the cause is obscure. In any case the immediate treatment is the same—rest the child by putting him into a warm bed, and rest the stomach by *withholding all food (including milk) and giving only sips of water*. If the child cries out with abdominal pain, if he seems really ill, or if he has a high temperature, do not hesitate—send for your doctor. Meanwhile save anything the child has vomited for the doctor to see.

Constipation

If a child whose bowels are usually regular goes for a day without a motion or with only a small, hard one, nothing need be done about it—in all probability he will have a large motion next day; but if he is constantly irregular or the motions are constantly hard, then he needs treatment.

Almost every child can be cured by diet, plenty of fluids, reasonable exercise and freedom from worry, together with any doses of medicine taken over a few weeks. Whatever

medicine is used, enough should be given every day to ensure a daily action. This dose should be given steadily for a week or two, then three-quarters of the dose for another week; then, if the child is still regular, half the dose, and so on, the dose being gradually reduced as the bowel recovers its lost powers. The child has to be re-educated into good ways and that is not possible with random doses of physic at irregular intervals, or with the traditional Saturday night dose.

If a child habitually passes hard motions, he needs:—

1. More fluids.
2. More of the natural laxative foods—fruits, salads, vegetables, cereals, porridge, brown bread, butter, honey, treacle.
3. More open air exercise.

Malt extract is very useful, or a combination of malt extract and liquid paraffin.

If the child has infrequent action of the bowels, more fluids, more laxative foods and more exercise should be given, as outlined above. Do not fuss and panic if nothing happens for 3–4 days. Despite everything the advertisements say about constipation and “auto-intoxication”, the wait will do the child no harm; and as long as the diet is reasonable the motions, though irregular at first, will slowly become more regular. If you keep changing restlessly from purgative to purgative, hoping to find something that “suits” the child, with a suppository or a soap stick or an enema now and then, the child will soon develop a lazy colon. Never show any anxiety if your child misses a day, for sometimes he will refuse to pass a motion simply because of the consternation this produces in the nursery, and he likes creating a sensation. Bribery, coaxing and scolding will not cure the child who kicks and screams and holds himself rigid every time he is put on his pot. A prompt change of air, the companionship of other children, and a more casual manner in handling him are much more likely to be successful. Give no medicines without medical advice, except possibly something mild like liquid paraffin or milk of magnesia.

Many children with obstinate constipation will be found to

be overweight and overfed. Restricting the diet to more sensible proportions with increased activity for the child, will sometimes put right a constipation that has resisted all manner of purgatives.

Measles

Measles is very contagious. It is spread by discharges from the nose and throat of an infected person, and usually starts 10–14 days after exposure, although it has been known to develop in as short a time as 7 days after exposure, and as long as 21 days. Measles begins with catarrhal symptoms—fever, cough and running from the eyes and nose. The rash, which begins on the 3rd or 4th day, appears in blotchy, dusky red patches, at first on the forehead, behind the ears and round the neck, rapidly spreading over the face and body.

The younger the child, the more serious the disease, so do not regard measles as a trivial affair—put the child to bed at once and call in your doctor. Broncho-pneumonia and ear infections are common complications: much can be done to prevent both as long as you follow the doctor's advice carefully and keep your child in bed long enough.

If your child has been exposed to measles recently, he will begin to develop fever about the 10th to 14th day. If you put him to bed promptly when the preliminary cold and fever begin, there is little to fear from measles—it is simply not worth while trying to prevent the disease by the injection of convalescent serum or immune globulin. It is much better to have the disease and get it over when you are young than to begin school and have to go into quarantine repeatedly, only to go down with measles severely in adult life. Fit children are rarely ill with measles. They get over it quickly, their general health is little upset, they jiggle about happily in bed and play with their toys and seem quite unconcerned. Immunisation is not without risk—it should be reserved for the few children who are thin and wasted, to whom measles as an extra burden might be serious.

Mumps

In childhood mumps is usually a trivial disease, although

very rarely serious complications may arise. It begins with fever and a swelling in the neck filling the space behind the angle of the jaw. Within a day or two the opposite side of the neck is involved, and there may be some pain and tenderness on opening the mouth and chewing. Always call in your doctor if you think your child has mumps; you may be mistaking it for a swollen gland, and for that the treatment is very different. The child need only be kept in bed while he has fever, but he must be isolated for 14 days, and contacts must be isolated from the 10th to 26th day after the last exposure.

Chicken Pox

Chicken pox is rarely a serious disease, but if there are many pocks on the face and they become secondarily infected by scratching, they may leave behind disfiguring scars that will last for life. The first symptom is fever, followed within 24–36 hours by an itching rash of small red spots, which rapidly become small blisters, filled at first with clear fluid, later with pus. These spots come out in crops over a period of 3–4 days, and when they have matured into pustules, they burst and form scabs. Except for the rash, which comes out first on the chest or abdomen, and the mild irritation of the skin the child does not seem ill. The patient should be isolated for 2 weeks, by which time the last scab should have dropped off: contacts are isolated for 3 weeks. Your doctor will prescribe a suitable lotion or ointment to lessen the irritation of the skin: cotton gloves worn at night may help to prevent excessive scratching.

Whooping Cough

The disease starts with a cough like the one that accompanies many common colds. The cough, however, gets steadily worse over the next 2 weeks, becoming more paroxysmal; and as it increases in severity, so it tends to bring on vomiting. The child has bout after bout of coughing until he is red in the face and quite exhausted, till finally one day he takes in his breath with a long drawn whoop and then the diagnosis is clear. Whooping cough is very contagious during the early period before the appearance of the whoop, and since the diagnosis is difficult

during this stage a child may spread the disease widely before it is known that he has it. If there is whooping cough in your neighbourhood, even a slight cough in your child should make you suspicious, especially if it occurs in bouts and is worse at night.

The younger the child, the more serious the disease because of the risk of broncho-pneumonia. Besides, young children quickly get worn out from lack of sleep and the wasting that comes from persistent vomiting, so as regards treatment proper sleep and proper nutrition are of the first importance. The patient should be isolated for 4 weeks. Some children will go on whooping every now and then for as long as 3-4 months, but they are not infectious for more than a month.

Contacts should be isolated for 3 weeks, and it is wise to give them an immediate protective inoculation with whooping cough vaccine. This does not always prevent the disease, but it will probably ensure a mild attack.

Diphtheria

Diphtheria is usually spread by direct contact with a patient or a carrier, occasionally through contaminated milk or milk products. The incubation is 2-5 days. The first symptoms are a moderate fever, sore throat, hoarseness and croup, though sometimes the disease begins in the nose with a purulent discharge from one or both nostrils. Prostration is often severe, and generally the child looks much more sick than his temperature would indicate. It is well to emphasise that young children often do not complain of a sore throat. If they do, or if you suspect it, send for your doctor at once, for the disease can be very insidious and very dangerous. Do not delay: *every hour matters*. If there is the slightest suspicion of diphtheria your doctor will want to swab the throat and to give an immediate injection of antitoxin. The earlier this antitoxin is given, the better the outlook for your child.

The child must be isolated until two throat swabs (or nasal swabs in the case of nasal diphtheria), taken not less than 24 hours apart, are negative. Infants and young children exposed to diphtheria in the family should have their throats inspected at once, and at regular intervals for a week, and if

they have not been immunised previously they should receive an injection of antitoxin.

Diphtheria is a very serious disease but one that can be prevented with almost complete certainty by immunisation in infancy. Every child should have these injections given when he is 6-7 months old, and he should have a further reinforcing dose when he is $4\frac{1}{2}$ or 5 and about to go to school.

Scarlet Fever

Scarlet fever is a contagious disease, spread by the discharges or droplets from the nose and throat of an infected person or carrier. Explosive epidemics may be due to infected milk or other food. The disease begins suddenly 2-5 days after exposure with fever, nausea, vomiting, and a sore throat, followed by a rash which appears on the second or third day. The rash comes out first on the neck, chest, armpits and groins, then spreads rapidly over the entire body except for the face and scalp. It consists of a diffuse redness of the skin, which blanches on pressure, together with pin-point spots of a brighter scarlet. The throat is red and angry.

In uncomplicated cases scarlet fever is infectious for about 14 days, but children with complications resulting in purulent discharges may spread infection for many weeks. Put the child to bed at once, and send for your doctor: he will tell you what to do. Sulphonamide drugs, convalescent serum, and scarlet fever antitoxin may be necessary in certain cases.

German Measles

In childhood this is a mild disease, much less dangerous than measles, for complications are very rare. Measles is ushered in with catarrhal symptoms—fever, cough and running from the eyes and nose—followed on the 3rd or 4th day by the characteristic rash. With German measles there are no preliminary catarrhal symptoms, and the rash, which appears within the first 24 to 36 hours, is a brighter red than that of measles.

There is no specific remedy for German measles, though you should send for your doctor to make sure the diagnosis is correct. The patient should be isolated for 10 days, and contacts should be isolated from the 10th to 21st day.

Poliomyelitis (Infantile Paralysis)

The early symptoms of the disease are moderate fever, headache, occasional vomiting, *drowsiness, alternating with irritability, and pain and stiffness in the neck and spine.* Paralysis follows a few hours to a few days later. This is the usual story but any of these symptoms may be absent, the paralysis appearing without any warning.

The paralysis is at its height within a few days of the onset, and then lessens steadily. Fortunately the number of those seriously or permanently crippled is small, and recovery from the paralysis is possible up to a year from the attack. A second attack of poliomyelitis is very rare.

In times of epidemics a child may have all the preliminary signs and symptoms of poliomyelitis yet paralysis does *not* occur. Such a case requires isolation and proper nursing just as much as a frankly paralytic case.

The disease is spread from the nose and throat discharges of infected persons, or by carriers. Bowel discharges contain the virus. The incubation period is 7-14 days, and the patient should be strictly isolated for 2 weeks.

Call in your doctor at once if you suspect poliomyelitis. There are no known methods of preventing the disease, and there is no specific remedy, but proper medical and nursing care in the early stages are very important.

Meningitis

The early symptoms are fever and intense headache, vomiting, delirium and stiff neck. The child is drowsy and irritable, he likes to lie curled up on his side, he resents being moved. Sometimes there is a diffuse spotty rash which looks very like flea-bites. The incubation period is 2-10 days, usually 7 days.

Send for your doctor at once. The results with sulphonamides and penicillin are extremely good, but if these drugs are to be given successfully, the earlier they are begun, the better. Not all cases of meningitis can be cured, but this disease is far less to be feared than it was at one time.

There is no certain method of preventing the disease. Contacts should be under medical supervision and if there is an

epidemic, it may be advisable for them to take small doses of one of the sulphonamides; but that is for the doctor to decide.

Appendicitis

Appendicitis may occur at any age and it is always serious. The early symptoms are:—

Sudden pain in the pit of the stomach, sometimes felt on the right side, rarely on the left. The pain is usually severe enough to double the child up and it is *persistent*.

Vomiting.

Fever, often quite slight.

The bowels are variable, some children being constipated, others having diarrhœa.

Always call in your doctor if a child has any abdominal pain that lasts more than a short time. Do not delay: *every hour matters*. If the pain comes on late in the evening, do not wait till next morning hoping that it may pass. Send for your doctor at once. If appendicitis is diagnosed promptly and operation is performed early, complete recovery is the rule. It is only when the condition is not diagnosed early enough and operation is delayed that appendicitis becomes dangerous.

While you are waiting for the doctor to arrive put the child to bed, give nothing whatever by mouth, and above all things do not give a laxative. A hot fomentation to the abdomen is soothing.

Skin Diseases

Skin diseases are quite common in early childhood. All the conditions listed below should have proper medical care. Do not attempt to treat them yourself, and do not apply patent remedies; for many of these, though reputed to cure almost all skin diseases, in fact do more harm than good. Some mothers and nurses conceal the fact of skin disease, because they think it reflects on their care and management, but this is surely a mistake. The child's welfare should come first. It is true of course that skin diseases are much more likely if children are very dirty, but even the best brought up child may occasionally fall a victim.

No details of treatment are given for two very good reasons:—

1. Exact diagnosis is essential for proper treatment: both can only be done by a doctor.
2. The treatment which seems best as this book is being written may be superseded by something very much better in a few months' time.

Impetigo

Blisters, which soon become yellow, crusted sores, appear on the face and hands. These are very contagious, easily spread from one part of the skin to another by infected fingers, or from one child to another by infected towels and handkerchiefs. Minor epidemics in schools may arise in this way.

Scabies

Scabies is a contagious rash, occurring on the body, hands and feet, itching so severely that it is often complicated by septic scratch marks, impetigo, boils and abscesses. If a child has a rash that itches severely, you should always suspect one of three diseases: (1) Scabies. (2) Lice. (3) Urticaria.

Lice

Sometimes a child's hair and scalp become infested with head lice. The bites cause itching, and scratching soon leads to septic sores at the back of the neck with enlarged and tender glands.

Wash the hair and scalp with plenty of soap and warm water, then soak the entire scalp, including the areas behind the ears and low on the neck, with an antiseptic solution. (It is rarely necessary to cut the hair.) Having applied the solution, wrap the head in a towel and leave the solution on it for several hours, taking care to keep it out of the eyes.

Nits are the eggs of lice and it is essential to destroy them too. They are attached firmly to the hairs and they are not easy to remove. The best way is to rinse the scalp and hair in vinegar, which helps to dissolve the nits: then, after careful drying, comb the hair with a fine tooth-comb, a few strands at a time.

One child in the family readily infects another, so *all* heads (including those of the grownups) should be carefully examined and treated if nits or lice are found. Brushes and combs should be boiled, and hats and caps sterilised by dry cleaning.

Ringworm

A contagious skin disease, beginning as a circular red patch on the scalp, which tends to heal in the centre and spread at the edges. The hairs break off short, so that a bald patch arises.

Eczema

An inflammation of the skin which occurs commonly on the cheeks or on the body, especially in the folds in front of the elbows and behind the knees. The skin is red in the acute stages, scaly and thickened in the more chronic cases. The irritation is severe, so scratching and secondary skin sepsis is common. The disease is not contagious, but it is often very difficult to treat. Certainly all children with eczema should be under a doctor's care, for many will need large and continuous doses of sedatives to relieve the itching and give them sleep, and the skin will need very careful handling.

Boils

Boils are small abscesses in the skin, due to infection introduced by rubbing or scratching. The cleaner a child is kept, the less the chance of his having boils. Keep all inflamed spots clean and covered up with an elastic plaster. Never foment a boil, and never squeeze it—you will only help to spread the infection if you do.

Boils may be secondary to scabies, to lice and nits in the hair, or to impetigo: the primary disease will then need proper treatment.

If the child suffers from repeated boils, he needs a thorough medical overhaul.

Dirty Grazes

Clean up thoroughly with plenty of soap and water and (possibly) a soft nail brush until all the bits of dirt and gravel

TABLE OF INFECTIOUS DISEASES

DISEASE	What are the main symptoms and signs?	How long is it from exposure to onset?	How long is it infectious?	How serious is it?	Can it be prevented by inoculation?	When is the best time for inoculation?	Is there any rapid remedy?
Cerebrospinal fever (= meningococcal meningitis)	Fever, intense headache, delirium, stiff neck: sometimes a rash resembling flea-bites.	2-10 days, usually 7 days.	Until the germs have disappeared from the nose and throat.	Very serious.	No.	—	Yes: sulphamides, penicillin.
Chicken-Pox	Moderate fever, little constitutional disturbance: a rash coming out in crops, at first on the trunk.	2-3 weeks.	Until the last scab has dropped off—usually about 2 weeks.	Not serious.	No.	—	No.
Diphtheria	Fever and sore throat. Tonsils and palate covered with greyish membrane. Sometimes begins in the larynx with hoarseness: or in the nose, with a purulent nasal discharge.	2-5 days.	Until nose and throat swabs are negative.	Very serious.	Yes.	6-7 months and again at 5 years.	Yes: antitoxin.
Dysentery (bacillary)	Fever and frequent stools usually containing blood and mucus.	2-7 days.	Until cultures from the stools are negative.	Moderately serious.	No.	—	Yes: sulphamides.
German Measles	Fever and a pink, blotchy rash: no runny nose.	2-3 weeks: usually about 16 days.	About 1 week.	Not serious.	No.	—	No.
Measles	Fever, and early catarrhal signs—running from the nose and eyes—followed by a generalised blotchy rash, usually appearing first on the forehead and behind the ears.	10-14 days.	Until the 5th day after appearance of the rash.	May be serious to young children under the age of 3.	May be prevented or made milder by convalescent serum or immune globulin.	As soon as the child has been exposed.	No.

Mumps	Fever and swelling of the parotid glands—the glands in the angle between the ear and the jaw.	12-26 days.	Until the swelling has disappeared—for 2-3 days.	Very rarely serious.	No.	—	No.
Poliomyelitis (Infantile paralysis)	Fever, headache, pains in the back: irritability, vomiting and drowsiness: followed shortly by muscular paralysis.	7-14 days.	Uncertain: probably for 2 weeks.	May be very serious.	No.	—	No.
Scarlet Fever	Fever and a diffuse red rash, appearing on neck, chest, armpits and groins: sore throat.	2-5 days.	Uncomplicated cases—2 weeks: complicated cases—until all discharges have stopped.	Variable: serious in some epidemics.	Yes.	No special age.	Yes: scarlet fever antitoxin.
Smallpox	Fever for 1-5 days, headache and backache; followed by a pustular rash, usually appearing first on the face, favouring the limbs rather than the trunk.	7-21 days.	Until all scabs and crusts have disappeared.	Very serious.	Yes.	At the age of 3-4 months and then every 5 years.	Not yet: encouraging reports with penicillin treatment.
Typhoid Fever	Continued fever and prostration, with abdominal symptoms and signs—distension, pain, diarrhoea or constipation.	3-38 days usually 7-14 days.	Until repeated urine and stool cultures are negative.	Serious	Yes: T.A.B.	No special age: best given 3-6 months before the child is going to live in a country where typhoid is endemic, e.g. India	Yes: Chloro-mycetin.
Whooping Cough	An irritating cough, becoming paroxysmal in 1-2 weeks, the paroxysms occurring at increasingly short intervals, often with vomiting, until frank whooping is heard.	5-10 days, commonly 7: not exceeding 21 days.	Very infectious for 1 week before the whoop appears and for 3 weeks afterwards.	May be serious in children under the age of 3.	Probably: by whooping cough vaccine.	6-7 months, and again at 5 years: can be usefully combined with diphtheria immunisation.	Good results reported with Aureomycin and Chloro-mycetin.

have been removed. Don't apply any antiseptics, particularly iodine, for they sting severely and they do no good. After cleaning the graze thoroughly, apply a clean bandage firmly and leave it there for 3-4 days. If the bandage keeps well in place don't do any daily dressings, for they are painful and unnecessary. When the bandage needs changing, soak it off gently with plenty of warm water.

If the graze is very dirty and difficult to clean, it is good to apply a wet compress of Epsom salt solution (1 dessertspoon to 4 ozs. of warm water) to it three times a day until it looks clean and healthy.

APPENDIX A

THE NURSERY SCHOOL

Nursery schools are a product of the times we live in. At first introduced as a social measure, so that a child could be removed from a squalid slum and given proper care and handling in better surroundings, it was not until later that they were found to have great educational possibilities. They have been brought about by many factors—by a life increasingly lived in towns and big cities, by the industrial employment of women, by poverty, by the decline in the birth-rate, by the demand for earlier education of children. Flat life is increasingly common. The home with the small garden has contracted to 2-3 rooms looking out on to a blank wall, while gardens and free space where children can play safely and happily are lacking in most of our big cities. Under these social and economic conditions nursery schools have more than justified their existence—on the whole they have been an influence for good, and they have come to stay, but they are not an unmixed blessing.

Should a child go to a nursery school? Each case must be decided on its own merits, but speaking generally the answer is Yes, under the following conditions:—

1. If yours is an only child with few chances of meeting other children of his own age.
2. If he lives in a flat or a small house and there is no scope for free play.
3. If you, his mother, have to go out to earn a living.
4. If there is a suitable school close at hand.
5. If yours is a difficult child.
6. If he is over the age of 3.

It is wise not to send him to a nursery school if he is in poor health and liable to pick up infections, if he is under the age of 3, if there is no nursery school near by and transport to and from school is difficult, or if a few weeks trial at school show that it is too much for him.

Going to a nursery school is like being weaned—it needs to be done gently. Daily full-time attendance is often too much for a young creature of 3 or 4: he does better with part-time attendance. School is more of a treat, there is less fatigue, less risk of infection, less rush for the mother, and the child enjoys his days at home all the more. 2-2½ hours 3 times a week may be enough for a child of 3, and this can be increased to 2½ hours 5 times a week when he is 3½ or 4.

Many awkward and difficult children blossom out amazingly after a few weeks at a nursery school. Mixing with other children, having plenty to make and plenty to do, more scope for free play, more chance to express themselves—these all help tremendously.

APPENDIX B

THE MEDICINE CUPBOARD

Every household should have its own medicine cupboard in which are kept a few simple remedies handy for first aid treatment. Make your list as short as possible, keep the cupboard fully stocked at all times, and see that everything is well out of the child's reach, if possible under lock and key.

Lotions, Ointments, and Disinfectants

A small bottle of Dettol or Listerine.

Eau de Cologne. (1) A handkerchief soaked in Eau de Cologne and put across the forehead is much appreciated by children with headaches and fever. (2) One part of Eau de Cologne to 3 parts of water makes an excellent evaporating lotion for sprains and bruises.

A pint of 3% boracic solution, for eye troubles.

A small jar of "Vaseline" petroleum jelly.

Zinc cream.

A small tube of tannic acid jelly for trivial burns and scalds.

A 6-oz. bottle of camphorated oil.

Sundries

Two half-minute thermometers. Tested thermometers are best. They are a little more expensive, but they are guaranteed accurate. Take the temperature for 2 minutes in the groin if your child is under 4. Later on the temperature can be taken in the mouth, when your child can be trusted to hold a thermometer carefully between his lips without biting it.

A 2 oz. measured medicine glass is very useful if accurate doses of medicine have to be given, for tablespoons and teaspoons vary enormously in size.

A packet of sterile gauze.

A roll of plain lint.

A 1 lb. roll of cotton wool.

A few 1 inch and 2 inch bandages, and one or two 2 inch crepe bandages.

- A small box of assorted safety pins.
- A box of Elastoplast dressings—extremely useful for minor cuts and bruises.
- A roll of 2 inch Elastoplast.
- A tin of boracic powder with a dredger.

Medicines

- Aspirin or Dispirin: a bottle of 25 tablets.
- A 4 oz. bottle of castor oil.
- Magnesia (fluid magnesia or Milk of Magnesia) 4 oz.
- Glycerine and black currant lozenges for sore throats.
- Epsom salts. A wet compress of gauze soaked in a warm solution of Epsom salts (1 dessertspoon to 4 oz. of water) is excellent for dirty grazes and septic cuts.
- A small bottle of cough linctus. Cosylan (Parke Davis & Co.) is very useful for the child with a bad cold who keeps himself and everyone else awake at night with his coughing.

The better the care and feeding and management of your child, the less the need for medicines, so don't waste your money on patent medicines, sedatives, soothing syrups, teething powders, laxatives, purgatives, and so forth. Healing comes from within, so when your child falls sick don't fly to medicines but go back to first principles—rest in bed, proper sleep, fresh air, plenty of fluids, a light diet—and give your child only the appropriate remedies prescribed by your doctor. And don't forget to ask yourself that awkward question: What have I done wrong to allow my child to fall ill? For an honest self-critical answer to this may prevent much trouble in the future.

APPENDIX C

THE CARE OF YOUNG CHILDREN IN THE TROPICS

Many English women nowadays have to live in tropical countries: hence this appendix. When you hear you are going abroad you are sure to hear many alarming tales of these countries, but the truth is that children are tough little creatures, otherwise the human race would never have survived; and they can be brought up quite safely in most places given proper care and constant watchfulness. The general principles of child care already described in this book still hold good, but there are several important differences in life abroad as compared with life in this country.

The tropics are at the lands that lie in a wide belt to the north and south of the Equator, but here I propose a wider definition, that

they comprise any of the hot and distant countries where you may have to live. These can be divided roughly into four groups:—

- (a) The Far East—India, Ceylon, Burma, Malaya, China.
- (b) The Near East—Egypt, Palestine, Irak, Iran.
- (c) Africa—the Union of South Africa, Rhodesia, West Africa, East Africa, Kenya.
- (d) The West Indies.

The first thing to realise is that the climate in these countries varies enormously. Climate does not depend on how near a place is to the Equator, but on many other factors—height above sea level, humidity, nearness to the sea, prevailing winds, dust and sandstorms, etc. Only *general* information can then be given here: to know more you should get into touch with somebody who has lived in the country to which you are going, with the Service authorities, or the Colonial Office.

The Prevention of Infections

Tropical infections can be conveyed in many ways:—

1. By food: *e.g.* dysentery, worms.
2. By milk: *e.g.* tuberculosis, undulant fever.
3. By water: *e.g.* typhoid, cholera.
4. By mosquitoes: *e.g.* malaria.
5. By flies: *e.g.* dysentery, kala azar.
6. By contagion: *e.g.* smallpox, diphtheria.

This sounds a formidable list, and anyone could be forgiven for thinking that rearing a child successfully must be an impossible task, but this is not so. In practice it comes down to this, that every morning without fail you must make a rapid tour of inspection of the kitchen, the larder, the water supply, the drains, the dust-bins, the lavatories, and the servants' quarters. Native servants are notoriously unreliable—the only safe plan is to combine the roles of sanitary inspector and private detective yourself, and to pounce at once if things are not in perfect order.

Food

As far as possible buy everything from a European firm when you are dealing with food or medicines. Never buy anything which has been exposed for sale in the bazaar to dust and flies and filth. In India, for example, you will often see fruit vendors gaily washing their wares in the unspeakable filth of a dirty gutter. For this reason, the best fruits to buy are those with thick skins, such as oranges and bananas. Raw salads must always be washed carefully: indeed, many people *never* eat raw salads, while others only eat them if they have been thoroughly rinsed in weak permanganate solution.

See that food is kept in a refrigerator, an ice box, or in a cool fly-proof larder, for everything goes off very quickly in hot weather. If you can, have a fly-proof kitchen with a cement floor, washed down daily; and see that your cook has clean clothes, clean hands, and a reasonable supply of clean dish-cloths. Don't forget to inspect the dust-bins and the drains, for native servants, unless watched, will pile up rubbish and filth in some odd spot, which is soon swarming with flies.

Milk and Water

Milk—cows' milk, goats' milk, buffaloes' milk—should always be boiled and kept in a cool place away from all flies. Boil or chlorinate all drinking water, and keep an eye on water used in washing up. In epidemics, boil that too.

Mosquitoes and Flies

Flies love all sorts of filth, while mosquitoes revel in dark, airless places. They can be controlled:—

- By keeping your home clean and airy.
- By the destruction of their breeding places.
- By spraying your living-rooms with DDT.
- By having fly-proof and mosquito-proof living-rooms.
- By the use of mosquito nets at night.

Mosquitoes fly feebly, so it is a good plan to choose an upper room for your nursery, if possible. An electric fan is a great boon.

Contagion

Keep a watch on your servants' health and remember to inspect their living quarters regularly. Never allow any servant who is sick to be treated in his own quarters; if he is ill, send him to hospital at once. Don't engage anybody whose health is indifferent, for tuberculosis is rife in most tropical countries.

Inoculation against Disease

As soon as you hear that you and your child are going to live in the tropics, arrange for a general medical overhaul for both of you, if possible by a doctor who has had tropical experience. People with bowel disorders or nervous troubles do badly in the tropics—they are well advised not to go.

Nobody should go to the tropics unless he has been *successfully* vaccinated within the last year. It is not enough for your child to have had an unsuccessful vaccination: it must be repeated at least twice before you can assume that he is immune. Smallpox is rife,

its ravages are appalling, and most authorities refuse you a passage unless you have a certificate of vaccination from your doctor.

Typhoid and cholera are common abroad, so arrange for your child to be inoculated with TABC three months before sailing.

Clothing

A large supply of clothes is essential for two reasons:

Clothes soon wear out in tropical climates. The Indian dhobi, for example, washes your clothes for you in open pools and dirty streams by banging them against boulders and rocks. Nothing lasts long in his hands.

Sweating in hot weather makes frequent changes of clothing necessary. Damp clothes soaked in sweat feel uncomfortable; besides, they are not safe.

The amount of clothes a child should wear depends entirely on the weather. In hot weather a shady hat and a linen sunsuit is enough: in cold weather he may need clothes suitable for an English winter. Sometimes there are sudden and treacherous changes from summer heat by day to cold by night: the child needs light, warm extra clothes that can be slipped on quickly.

In many countries it is best never to allow a child to walk about with bare feet.

Diet

The general rule in hot weather is: Reduce the fat in a child's diet drastically, and give plenty of fluids. Bowel and liver disorders due to fat intolerance are very common in the tropics, and once acquired they are often difficult to cure. The main symptoms are loss of appetite, wasting, vomiting, and fatty diarrhoea. Don't ply the child with food: his appetite is an excellent guide to his needs. In the hot weather of the plains in India a child will eat very little, but in cold weather he will make up for it all and eat with gusto.

Sleep

"Early to bed and early to rise" is the rule in most hot countries, for the hours soon after dawn are perhaps the best of the day. Your child will need a midday nap of $1\frac{1}{2}$ or 2 hours during the heat of the day: this is best taken under an electric fan. Much irritability and bad temper are due to lack of sleep.

The Care of the Skin

Care must be taken in hot weather to see that the child doesn't get blistered by the sun. Begin sunbathing gradually, a few minutes at a time, preferably in the early hours of the morning or in the evening, and increase the time allowed only when you see that it

suits the child and he is developing a nice brown tint. Children with fair or red hair cannot stand much sunshine: they blister so easily that you may find it necessary to apply calamine lotion beforehand. Reddening of the skin should be regarded as a burn and treated as such. If extensive, it may lead to high fever and septic complications, and this is not to be regarded lightheartedly. A shady linen or cotton hat is wanted during the hot hours of the day: a topee is not necessary. Sunstroke and heat exhaustion will not occur if a child wears the minimum of clothes and has plenty of cool drinks.

Prickly heat can be extremely troublesome. It can be avoided, or at any rate relieved:—

By wearing as few clothes as possible, and all of them light, loose, and airy.

By immediate changing of clothes once they are soaked in perspiration.

By frequent cool baths.

By applying calamine lotion after bathing if the slightest sign of prickly heat appears.

By having a light diet.

Medical Care

Tropical illnesses strike swiftly, so call in your doctor *at once* if your child seems ill. Many diseases can be cured with ease if they are handled promptly, so don't delay.

Finally I should add that if you are going to the Far East you should start taking precautions as regards diet and clothing and exposure to the sun as soon as you come into the hot weather, say, at Suez. You do *not* wait till you reach Bombay, if you are wise.

APPENDIX D

SOME USEFUL ADDRESSES

THIS list of addresses has been compiled in case you should need further advice on anything to do with the well-being of mothers and children. Write to these Societies and they will tell you what to do.

1. National Association for Maternity and Child Welfare, B.M.A. House, Tavistock Square, London, W.C.1.
2. National Society of Children's Nurseries, 45, Russell Square, London, W.C.1.
3. National Adoption Society, 4, Baker Street, London, W.1.
4. National Institute for the Blind, 224, Great Portland Street, London, W.1.
5. National Institute for the Deaf, 105, Gower Street, London, W.C.1.
6. National Association for Mental Health, 39, Queen Anne Street, London, W.1.
7. National Society for the Prevention of Cruelty to Children, 15, Leicester Square, London, W.C.2.
8. National Book League, 7, Albemarle Street, London, W.1.
9. National Society's Training College of Domestic Subjects, Berridge House, Fortune Green Road, London, N.W.6.
10. National Council for the Unmarried Mother, 21, Coram Street, London, W.C.1.
11. Marriage Guidance Council, 78, Duke Street, London, W.1.
12. The College of Speech Therapists, 68, Queen's Gardens, London, W.2.
13. Parents' National Educational Union, 171, Victoria Street, London, W.S.1.
14. Invalid Children's Aid Association, 4, Palace Gate, London, W.8.
15. The Babies' Club (Chelsea), 35, Danvers Street, London, S.W.3.
16. The Nursery School Association of Great Britain, 1, Park Crescent, London, W.1.
17. National Baby Welfare Council, 31, Gloucester Place, London, W.1.
18. After-Care Association for Physically Defective Children, 2, Old Queen Street, London, S.W.1.

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The book is to be returned within
the date stamped last.

This image shows a single sheet of aged, cream-colored paper. It features horizontal dotted lines spaced evenly down its length. Two vertical solid black lines divide the page into three columns: a narrow left margin, a wide central column, and another narrow right margin. There are some faint, illegible blue ink markings or smudges in the central column, particularly near the top and bottom. The paper has a slightly textured appearance and some minor discoloration consistent with age.

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